



Centers for Disease Control and Prevention

Center for Global Health

Global Health Security Partner Engagement: Expanding Efforts and Strategies to Protect and Improve Public Health Globally

CDC-RFA-GH15-1632

Application Due Date: 06/12/2015

Global Health Security Partner Engagement: Expanding Efforts and Strategies to Protect and Improve Public Health Globally

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Part I. Overview Information

A. Federal Agency Name:

Centers for Disease Control and Prevention

B. Funding Opportunity Title:

Global Health Security Partner Engagement: Expanding Efforts and Strategies to Protect and Improve Public Health Globally

C. Announcement Type:

This announcement is only for non-research international activities supported by CDC. If research is proposed, the application will not be considered. Research for this purpose is defined at:

<http://www.cdc.gov/od/science/integrity/docs/cdc-policy-distinguishing-public-health-research-nonresearch.pdf>.

D. Agency Funding Opportunity Number:

CDC-RFA-GH15-1632

E. Catalog of Federal Domestic Assistance (CFDA) Number:

93.318

F. Dates:

1. Due Date for Letter of Intent: N/A

2. Due Date for Applications: 06/12/2015

3. Date for Informational Conference Call: N/A

G. Executive Summary:

1. Summary Paragraph:

Amendment 2: Due Date Changed to 6/12/2015; Refer to page 35 Ceiling; Refer to page 62 Amendment 2.

The U.S. government's (USG) Global Health Security Agenda (GHSA) envisions a world safe and secure from global health threats posed by infectious diseases, and the Ebola epidemic in Africa further underscores the economic and humanitarian impacts of infectious diseases. The U.S. Centers for Disease Control and Prevention (CDC) is working to help countries meet key International Health Regulations (IHR) (2005) requirements through implementation of the GHSA. CDC seeks to work with partner countries and other USG agencies in a collaborative effort to achieve specific goals in three focus areas:

1) Preventing avoidable epidemics by ensuring systems, policies and procedures are in place to monitor and slow antimicrobial resistance, develop and implement a whole-of-government national biosecurity system, minimize spillover of zoonotic disease to human populations, and increase immunization coverage and rates.

2) Detecting threats early through real-time biosurveillance and effective modern diagnostics, including point-of-care and laboratory-based diagnostics carried out in accredited laboratories; improving surveillance systems and creating interoperable, interconnected electronic reporting systems; strengthening laboratory systems to detect, differentiate, and characterize pathogens; timely and accurate disease reporting according to WHO, OIE and FAO requirements; and a trained workforce, including trained epidemiologists, physicians, veterinarians, biostatisticians, and laboratory scientists.

3) Responding rapidly and effectively by ensuring that host country detection efforts guide response, building local emergency response expertise including linkages to law enforcement and development of multi-sectoral rapid response teams, improving access to countermeasures during emergencies, creating interconnected robust public health emergency management (EM) programs, including emergency operations centers (EOCs), strengthening the public health workforce, and training field epidemiologists whose data analysis informs evidence-based policy.

This Funding Opportunity Announcement (FOA) supports the implementation of programs and activities that focus on protecting and improving health globally and implementing the Global Health Security Agenda through partnerships with Ministries of Health. Its purpose is to support immediate response efforts for the current Ebola outbreak, other infectious disease outbreaks or health threats, and Public Health Emergencies of International Concern (PHEICs). It is intended to build capacities to prevent, detect, respond, and control infectious disease outbreaks, strengthen border security, and mitigate PHEICs other health threats. (<http://www.cdc.gov/globalhealth/security/cdc.htm>). This FOA supports the targets as stated in the Global Health Security Agenda <http://www.cdc.gov/globalhealth/security/actionpackages/default.htm>

Projects considered for this FOA should consider building upon existing public health infrastructure focusing on country priorities that are of mutual interest in order to strengthen regional and national partnerships, public health capacity, leadership, strategic collaboration and integrated health programming through Ministries of Health. In addition, projects must also consider monitoring and evaluation of overall program performance and the progress of projects or activities, including implementation of the GHSA targets

Applicants must clearly state the country or countries requested for funding. Applicants cannot apply if awarded under CDC-RFA-GH15-1621 for similar activities; however, awardees may apply to expand efforts in additional countries with special consideration given to the GHSA Phase One countries listed in the Funding Strategy section of this FOA.

Part II. Full Text

A. Funding Opportunity Description

1. Background

The U.S. Government's (USG) Global Health Security Agenda (GHSA) envisions a world safe and secure from global health threats posed by infectious diseases—where it is possible to prevent or mitigate the impact of naturally occurring outbreaks and intentional or accidental releases of dangerous pathogens, rapidly detect and transparently report outbreaks when they occur, and employ an interconnected global network that can respond effectively to limit the spread of infectious disease outbreaks in humans and animals, mitigate human suffering and the loss of human life, and reduce economic impact. The Ebola epidemic in Africa further underscores the economic and humanitarian impacts of infectious diseases. http://www.cdc.gov/globalhealth/pdf/ghs_overarching_target.pdf

In partnership with Ministries of Health and other public and private stakeholders, the USG seeks to accelerate progress toward a world safe and secure from infectious disease threats and to promote global health security as an international security priority. <https://www.whitehouse.gov/blog/2014/12/04/why-global-health-security-emergency>

In 2007, International Health Regulations (IHR) established a legally binding global framework for preparing and responding to public health emergencies of international concern (PHEICs). To date, the world has made great progress in strengthening local, regional, and international capacity for addressing emerging infectious disease threats. Ongoing vulnerabilities include geographic areas with limited disease surveillance systems, institutional and logistic barriers to adequate delivery of services and interventions, reluctance to share outbreak information or biological samples, emergence of new pathogens and development of drug-resistance, limited border public health security measures, and intentional or accidental release of biological agents. These vulnerabilities illustrate the critical need to improve prevention, detection, and response efforts for infectious disease outbreaks, PHEICs, and other health threats.

This funding opportunity will enable CDC to collaboratively work with Ministries of Health to develop a roadmap to IHR compliance and achievement of the 12 GHSA targets. <http://www.cdc.gov/globalhealth/security/>

a. Statutory Authorities

Public Health Service Act sections 301(a) and 307, as amended, 42 U.S.C. §§ 241 and 2421.

b. Healthy People 2020

Healthy People 2020 provides national health objectives for improving the health of all persons by encouraging collaborations across sectors, guiding individuals toward making informed health decisions, and measuring the impact of prevention activities.

This project supports the following Healthy People 2020 goal and objectives:

Improve public health and strengthen U.S. national security through global disease detection, response, prevention, and control strategies.

- GH-3 - Increase the number of Global Disease Detection (GDD) Regional Centers worldwide to detect and contain emerging health threats
- GH-4 - Increase the number of public health professionals trained by Global Disease Detection (GDD) programs worldwide
- GH-5 - Increase diagnostic testing capacity in host countries and regionally through the Global Disease Detection (GDD) Regional Centers

Additional information on Healthy People 2020 is available at <https://www.healthypeople.gov/2020/topics-objectives/topic/global-health>.

c. Other National Public Health Priorities and Strategies

CDC has been a leader in improving global health security (GHS) for many decades and plays an important role in the Global Health Security Agenda. CDC's strategy is rooted in science and based on three concepts long embedded in the agency's mission to protect public health worldwide: 1) Prevent, 2) Detect, 3) Respond (<http://www.cdc.gov/globalhealth/security/cdc.htm>).

The Department of Health and Human Services' (HHS) Global Health Strategy articulates three strategic goals that support HHS' global health vision of a healthier, safer world: 1) protect and promote the health and well-being of Americans through global health action; 2) provide leadership and technical expertise in science, policy, programs and practice to improve global health; and 3) advance United States interests in international diplomacy, development, and security through global health action. <http://www.globalhealth.gov/global-programs-and-initiatives/global-health-strategy/>

CDC's World Health Organization Collaborating Center (WHO CC) for Implementation of International Health Regulations, National Surveillance and Response Capacities works in partnership with WHO and Ministries of Health and has a mandate to assist WHO member states in greatest need of support to build national core capacities for surveillance and response as required by the International Health Regulations. <http://www.who.int/ihr/en/>

d. Relevant Work

This FOA will support the GHSA and its 12 targets, and will facilitate national collaboration toward specific public health protection objectives, including IHR compliance (<http://www.cdc.gov/globalhealth/security/>). This FOA expands the scope of activities previously awarded under GH15-1621: Global Health Security Partner Engagement: Expanding Efforts and Strategies to Protect and Improving Public Health Globally. The strategies and activities have been revised to include additional technical focus areas and solicit applications for countries that have been identified as GHSA Phase One countries, as well as countries in Africa that, while currently unaffected, remain at high risk for Ebola.

2. CDC Project Description

A.2.a. Approach

The logic model below presents the main strategies and intended outcomes that are to result from this effort.

Logic Model Overview

Logic Model: CDC-RFA-GH15-1632: Global Health Security Partnership Engagement: Expanding Efforts and Strategies to Protect and Improve Public Health Globally			
Strategies & Activities	Short-term Outcomes	Intermediate Outcomes	Long-term Outcomes
Strategy 1: Comprehensive National Biosafety and Biosecurity System	- Country is developing a comprehensive national biosafety and biosecurity system including legislation, laboratory measures such as licensing, addressing management of dangerous pathogens and toxins, mechanisms for oversight and enforcement, constructing comprehensive training program using a common curriculum, biological risk management, standardized periodic personnel performance assessments.	Whole-of-government national biosafety and biosecurity system in place	Improved prevention of avoidable epidemics: including naturally occurring outbreaks and intentional or accidental releases
Strategy 2: Prevent Antimicrobial Resistance (AMR)	- National comprehensive plan to combat antimicrobial resistance - Integrated/global approach to AMR, spanning human, animal, agricultural, food and environmental aspects	Prevent the emergence and spread of antimicrobial drug resistant organisms and emerging zoonotic diseases	
Strategy 3: Prevent Zoonotic Diseases	- Improved ability to prevent, detect, and control zoonotic diseases - Surveillance systems in place - National comprehensive plan to combat zoonotic disease - Veterinarians trained - Enhanced infection prevention and control activities	Minimize the emergence and spread of emerging zoonotic diseases Minimize spillover of zoonotic disease from animal populations to humans	
Strategy 4: Strengthen Immunization programs	Improved national vaccine delivery system	Reduction in the number and magnitude of infectious disease outbreaks	

Strategy 5: Strengthen Surveillance Systems/Real Time Surveillance	- Strengthened foundational indicator- and event-based surveillance systems - Improved coordination and capacity to respond and mitigate outbreaks	Strengthened and integrated global networks for real-time biosurveillance Improved capacity to detect and control infectious disease outbreaks, PHEICs, or other health threats	Improved ability to rapidly detect threats early: including detecting, characterizing, and reporting emerging biological threats
Strategy 6: Strengthen Laboratory Systems	- Improved quality and timeliness of diagnostics and reporting - Improved lab information systems	A national laboratory system and effective modern point-of-care and laboratory-based diagnostics	
Strategy 7: Strengthen Information Systems/Reporting	- Improved reporting to the WHO, OIE, and FAO during emergencies, with rapid sample and reagent sharing	Timely and accurate disease reporting according to WHO requirements and consistent coordination with FAO and OIE	
Strategy 8: Strengthen Workforce Development	- Training and deploying an effective biosurveillance workforce - Countries have public workforce they need - Increased capacity system-wide and in critical programs - Enhanced ability of country to fulfill relevant core competencies	- Increase numbers of trained physicians, veterinarians, biostatisticians, laboratory scientists, farming/livestock professionals and field epidemiologist. - Basic Applied Epidemiology training program is in place - Public Health Workforce Strategy System developed	
Strategy 9: Strengthen Emergency Management and Emergency Operations Centers	- Established EOCs; trained, functioning, multi-sectoral rapid response teams, with access to a real-time information system - Improved EOC infrastructure - Increased skills and abilities of staff	Emergency Operations Center (EOC) functioning according to minimum common standards	Improved interconnected global network that can respond rapidly and effectively to biological threats of international concern
Strategy 10: Linking Public Health and Law Enforcement and Multi-sectoral Rapid Response	- Coordinated planning meetings to develop shared policies and protocols - Improved capacity to link public health and law enforcement	Demonstrated capability of multi-sectoral rapid response annually	
Strategy 11: Improve Medical Countermeasures & Personnel Deployment	- National framework for transferring medical countermeasures and medical personnel - Strengthen capacity to produce or procure personal protective equipment, medications, vaccines, and technical expertise - Improved capacity to deploy non-medical countermeasures	Improving global access to medical and non-medical countermeasures during health emergencies	
Strategy 12: Strengthen and revitalize the public health system	- Establish public health emergency plans and SOP at points of entry- Comply with the IHR - Increased technical sustainability and improved financial sustainability - Strengthened border health security - Increased understanding of border health security issues among officials and mobile populations	- Strong public health systems and functions to provide prevention and protection services - Established communication pathways and agreements for regional cross border epidemiologic information exchange and coordination on outbreaks	Cross-cutting: Prevent, Detect, and Respond

i. Problem Statement

CDC's future successes in global health work depend upon efforts to leverage existing public health infrastructure and investments, develop and support country capacity in public health, and build upon the agency's standing as a trusted partner to shape global health strategy and policy based on sound science. CDC promotes strong regional, national, and local partnerships to address current global health concerns and to investigate and respond to emerging risks. Vulnerabilities persist which include geographic areas with limited disease surveillance systems, institutional and logistic barriers to adequate delivery of services and interventions, reluctance to share outbreak information or biological samples, emergence of new pathogens and development of drug-resistance, limited border public health security measures, and intentional or accidental release of biological agents. These vulnerabilities illustrate the critical need to improve prevention, detection, and response efforts for the current Ebola outbreak, other infectious disease outbreaks or health threats, and PHEICs.

ii. Purpose

This Funding Opportunity Announcement (FOA) supports the achievement of the Global Health Security Agenda targets that focus on protecting and improving health globally through regional, national, and local partnerships. Its purpose is to support immediate response efforts for the current Ebola outbreak, other infectious disease outbreaks or health threats, and Public Health Emergencies of International Concern (PHEICs). It is intended to build capacities to prevent, detect, respond to, and control infectious disease outbreaks, strengthen border security, and mitigate PHEICs and other health threats. (<http://www.cdc.gov/globalhealth/security/cdc.htm>).

iii. Outcomes

As reflected in the Logic Model, awardees are expected to show measurable progress toward the short-term outcomes during this project period. The specific outcomes will depend on the strategies the awardee is funded to implement. Expected outcomes will be based on country-specific gap or need; existing in-country presence, established partner network, and country-specific conditions.

During the project period awardees are expected to achieve the short-term outcomes and make measurable progress toward achieving the intermediate outcomes shown in the logic model and described below. The specific outcomes will depend on the strategies the awardee is funded to implement.

PREVENT Avoidable Epidemics Focus Areas:

- Whole of Government National Biosafety and Biosecurity System
- Prevent Antimicrobial Resistance (AMR)
- Prevent Zoonotic Diseases
- Strengthen Immunization Programs

Strategy 1: Comprehensive National Biosafety and Biosecurity System

Short-term Outcome:

- Updated records of where and in which facilities especially dangerous pathogens and toxins are housed
- Laboratory licensing, inventory control, pathogen control measures and a system for reporting biosecurity and biosafety failures is underway
- Employment of modern diagnostics that can eliminate the need for culturing especially dangerous pathogens is beginning

- Consolidation of especially dangerous pathogens and toxins into a minimal number of facilities is beginning
- Training for biorisk management is in place at most facilities housing or working with especially dangerous pathogens and toxins
- . Biosecurity legislation has been drafted
- . Implementation of the biosecurity legislation has started
- . Educational outreach is place promoting a shared culture or responsibility, including academic training in institutions that train those who maintain or work with especially dangerous pathogens and toxins

Intermediate outcome:

A comprehensive National Biosafety and Biosecurity System includes:

- . Country has consolidated especially dangerous pathogens and toxins into a minimal number of facilities and has updated records on these facilities
- . Laboratory licensing, inventory control, pathogen control measures and a system for reporting biosecurity and biosafety failures is in place
- . Country has in place and is implementing specific biosafety and biosecurity legislation
- . Country is employing diagnostics that can eliminate the need for culturing especially dangerous pathogens
- . Comprehensive mechanisms for oversight and enforcement are being drafted
- . Biosafety and biosecurity training and practices in place with:
 - . Training program in place at all facilities housing or working with especially dangerous pathogens and toxins
 - . Training on biological risk management has been provided to staff at all facilities that maintain or work with especially dangerous pathogens and toxins
 - . Training programs now in place in academic institutions that train those who work with especially dangerous pathogens and toxins
 - . Regularly scheduled testing of trained staff is beginning

Strategy 2: Prevent Antimicrobial Resistance (AMR):

Short-Term Outcomes:

- A national comprehensive plan to combat antimicrobial resistance
- Integrated/global approach to AMR, spanning, human, animal, agricultural, food, and environmental aspects based on a one health approach
- Increased capacity to identify and address gaps in laboratory capacity for AMR
- Increased participation in AMR surveillance systems
- Increased reporting to national and multi-national surveillance systems
- Improved national policies and plans to address AMR
- Improved policies and systems for infection prevention and control
- Established systems for antimicrobial stewardship

Intermediate Outcomes:

- Improved capacity to prevent infectious disease transmission
- Strengthened surveillance and laboratory capacity at the national and international level following agreed international standards developed in the framework of the Global Action plan

Strategy 3: Prevent Zoonotic Diseases:

Short-Term Outcomes:

- A national, comprehensive plan based on a One-Health approach to prevent zoonotic diseases
- Prioritization of Zoonotic Diseases: Effective mitigation of the impact of emerging and re-emerging zoonotic diseases through inter sector collaboration and interdisciplinary partnerships by addressing:
 - Strengthened surveillance and laboratory capacity at the national and international level following agreed international standards developed in the framework of the Global Action plan;
 - Strengthened Outbreak Response Capacity, prevention and control, and inter sector collaboration

Intermediate Outcomes:

- Minimize the emergence and spread of emerging zoonotic diseases
- Adopted measured behaviors, policies and/or practices that minimize the spillover of zoonotic diseases from lower animals into human populations
- Decreased zoonotic disease burden

Strategy 4: Strengthen Immunization programs

Short-Term Outcomes:

Improved national vaccine delivery system

- Surveillance system in place to monitor the progress of vaccination programs
- Epidemic-prone populations identified, policies developed, and approach implemented to vaccinate identified high risk populations
- VPD programs are linked with Response or Emergency Operations Centers (EOC)
- Immunize at least 90% coverage of the country's fifteen-month-old population with at least one dose of measles-containing vaccine.

Intermediate Outcomes:

- Epidemiological surveillance and laboratory surveillance linked for vaccine-preventable diseases (VPD)
- Capacity for early outbreak detection has been strengthened with hospital-based surveillance, expansion of global networks, and enhanced data management
- Effective national protection through immunization against measles and other epidemic-prone diseases (including pertussis, diphtheria, meningococcal disease, cholera, typhoid fever, Japanese encephalitis, yellow fever, influenza).

DETECT threats early focus areas:

- Strengthen Real-Time Surveillance Systems
- Strengthen National Laboratory Systems
- Strengthen Information Systems/Reporting
- Strengthen Workforce Development

Strategy 5: Strengthen Surveillance Systems/Real Time Surveillance:

Short-Term Outcomes:

Strong and timely routine and event-based surveillance

- Increased capacity of sites to submit accurate, timely reports

- Strengthened foundational indicator and event based surveillance systems
- Increased coverage of surveillance systems
- Increased capacity to collect, analyze, and disseminate data

Improved linkages of surveillance systems across sectors and levels

- Improved accurate and timely IHR reporting
- Improved access to comprehensive data
- Increased access to internet and electronic platforms
- Decreased loss to follow-up
- Increased linkages of surveillance and laboratory data via electronic reporting systems or other sustainable platforms

Intermediate Outcomes:

- Improved accurate and timely IHR reporting
- Improved capacity to detect and control infectious disease outbreaks, PHEICs, or other health threats
- Strengthened and integrated global networks for real-time biosurveillance
- Improved capacity to prevent infectious disease transmission
- Improved capacity to detect and control infectious disease outbreaks, PHEICs, or other health threats
- Improved capacity to prevent infectious disease transmission

Strategy 6: Strengthen National Laboratory Systems

Short-Term Outcomes:

Improved quality and timeliness of diagnostics and reporting

- Increased laboratory and point-of-care diagnostic methodologies available to identify and characterize infectious disease agents
- Improved system for rapid and safe transport of specimens from site of collection to testing facility
- Increased identification of drug resistant specimens
- Improved ability to identify, hold, secure, and monitor collections of especially dangerous pathogens in a minimal number of facilities with biosafety and biosecurity best practices in place
- Increased geographic coverage and maximum load of specimen referral network

Improved lab information systems

- Improved laboratory information and supply chain management systems
- Decreased service gaps / stock-outs
- Increased trained/certified workforce and laboratories
- Increased number of laboratory staff that have certified safety training
- Increased laboratories with workforce that have had quality management training
- Improved participation in national and international Quality Assurance schemes/Proficiency Testing

Intermediate Outcomes:

- Improved capacity to detect and control infectious disease outbreaks, PHEICs, or other health threats

- A national laboratory system and effective modern point-of-care and laboratory based diagnostics

Strategy 7: Strengthen Information Systems/Reporting

Short-Term Outcomes:

Improved reporting to WHO, OIE, and FAO during emergencies, with rapid sample and reagent sharing

- Understand and use the ITU/WHO capability matrix
- Measure capability against the ITU/WHO capability matrix
- Develop end state goals for each public health information system

Intermediate Outcomes:

- Timely and accurate disease reporting according to WHO requirements and consistent coordination with FAO and OIE
- Country and Regional capacity to analyze and link data toward real-time bio surveillance systems, including inter-operable, interconnected electronic reporting systems within the country.
- Surveillance for at least three core syndromes indicative of potential public health emergencies.

Strategy 8: Strengthen Workforce Development

Short-Term Outcomes:

Country has a public health workforce

- Identified appropriate public health training and human resource activities
- MoH has sufficient number of public health workers to serve the population at all levels
- Increased knowledge and skills of public health workforce
- Public health trained veterinary staff have the policies and practices to minimize zoonotic diseases among animal and human populations and are integrated into the public health system
- Increased capacity system-wide and in critical programs
- Increased use of investigational and/or novel interventions based on ethical panel reviews
- Increased adoption of behaviors, policies and/or practices that minimize the spillover of zoonotic diseases into human populations
- Enhanced ability of country to fulfill relevant core competencies
- Increased coordination among relevant personnel from multiple sectors to implement IHR core capacity requirements
- Ethical review panels review/authorize use of investigational and/or novel interventions during active public health emergencies.
- Development of country-specific recommendations and guidelines to ensure workforce protection through the use of vaccines and PPE

Intermediate Outcomes:

- Increase numbers of trained physicians, veterinarians, biostatisticians, laboratory scientists, farming/livestock professionals, and field epidemiologists.
- Basic Applied Epidemiology training program is in place
- Public Health Workforce Strategy system developed

RESPOND rapidly and effectively focus areas:

- Strengthen Emergency Management Operations Centers
- Linking Public Health and Law Enforcement
- Improve Medical Countermeasures and Personnel Deployment

Strategy 9: Strengthen Emergency Management and Emergency Operations Centers

Short-Term Outcomes:

Improved EOC infrastructure

- Emergency operations center established
- Trained, functioning, multi-sectoral rapid response teams, with access to real-time information systems
- Increased number of emergency response exercises conducted
- Improved sector coordination during public health emergency
- Increased skills and abilities of staff
- Decreased time to identify and respond to a public health threat
- Improved risk communication during a public health emergency

Intermediate Outcomes:

- Emergency management program established (facility, staff, and systems)
- Dedicated EOC that houses doctrinal emergency management functions that is regularly used for exercise and emergency management
- Decreased transmission in healthcare facilities
- Decreased transmission in communities

Strategy 10: Linking Public Health and Law Enforcement and Multi-Sectoral Rapid Response

Short-Term Outcomes:

- Coordinated planning meetings to develop shared policies and protocols
- A written joint protocol or MOU between public health and law enforcement for joint criminal-epidemiological investigation activities, including information sharing, joint threat assessments, and joint Investigations
- Program to jointly train public health and law enforcement personnel on the PH/LE collaboration activities.
- Country-specific joint criminal-epidemiological investigations curriculum and workshops

Intermediate Outcomes:

- Demonstrated capability of multi-sectoral rapid response annually

Strategy 11: Improve Medical Countermeasures & Personnel Deployment

Short-Term Outcomes:

A national framework for transferring (sending and receiving) medical countermeasures and public health and medical personnel among international partners during public health emergencies

- Ability to Detect and respond to health threats more quickly and effectively
- Strengthen capacity to produce or procure personal protective equipment, medications, vaccines, and technical expertise

- Improved capacity to deploy non-medical countermeasures
- Increase technical sustainability
- Clarify and formalize responsibility and accountability for public health surveillance and response

Intermediate Outcomes:

- Improving global access to medical and non-medical countermeasures during health emergencies
- A strong public health systems and functions that strengthen the Ministry of Health capacity to provide prevention and protection services
- Address the essential public health functions and operations
- Improve financial sustainability through streamlined institutions with greater ability to compete successfully for non-USG resources

Cross-cutting PREVENT, DETECT, and RESPOND and Ebola response and preparedness focus areas:

- Strengthen and revitalize the public health system

Strategy 12: Strengthen and Revitalize the Public Health System

Short-Term Outcomes:

- Establish public health emergency plans and SOPs at points of entry
- Comply with the IHR
- Increased technical sustainability and improved financial sustainability

Intermediate Outcomes:

- Strong public health systems and functions to provide prevention and protection services
- Increased coordination and capacity to address border health security
- Increased coordination and response planning between border health stakeholders (e.g. Public Health, Immigration and Law Enforcement, Port Authorities, Travel industry, etc.) nationally, locally, and across relevant international borders
- Improved integration of Border Health considerations and situational awareness into National level emergency response planning and coordination structures
- Increased capacity to apply entry and exit controls with appropriate referral of ill travelers at air, maritime, and land border POEs
- Increased understanding for communicable disease spread through mobile populations and points of entry/exit (POEs)
- Increased knowledge and use of travel-specific health messages for mobile populations
- Established communication pathways and agreements for regional cross border epidemiologic information exchange and coordination on outbreaks
- Improved understanding of mobile population movements and improved capacity to detect and respond to infectious disease health threats at points of entry (POE)

iv. Funding Strategy

Funding for this award is subject to change based on CDC budgets, priorities and emerging public health issues and outbreaks. Technical areas and activities approved for funding will be based on USG GHSA priorities. Projects may be funded out of rank order due to USG GHSA priorities and to avoid duplication of GHSA activities in other CDC funding mechanisms.

Applicants must clearly state the country or countries requested for funding. Applicants cannot apply if awarded under CDC-RFA-GH15-1621 for similar activities; however, awardees may apply to expand efforts in additional countries with special consideration given to the countries listed as the GHSA Phase One countries (Bangladesh, Burkina Faso, Cameroon, Cote d'Ivoire, Ethiopia, Guinea, India, Indonesia, Liberia, Kenya, Mali, Senegal, Sierra Leone, Tanzania, Uganda and Vietnam). These Phase One countries are an initial set of countries where there is an ability to work reasonably quickly to achieve the 12 GHSA targets utilizing resources that advance GHSA under the Ebola Emergency Funding included in the FY 2015 Consolidated Appropriations Act. This FOA will also support African countries that remain at high risk for Ebola (Benin, Democratic Republic of Congo, Gambia, Ghana, Guinea Bissau, Mauritania, Nigeria, and Togo).

For countries at high risk for Ebola, ensure that country is prepared in accordance with the key areas of the WHO Ebola Preparedness Checklist (<http://apps.who.int/ebola/preparedness/map>) and CDC Ebola Preparedness and Response Roadmap (available from the CDC Project Officer, Herbert Kimble cwz2@cdc.gov).

v. Strategies and Activities

Applicants are encouraged to request funding for only those strategies and activities that can be fully implemented in their country during the project period. Applications are not expected to address all strategies and all activities. Applicants should identify one or more strategies and, within their chosen strategies, one or more of the associated, strategy-specific activities listed below. Applicants are allowed to augment the activities under each strategy based on country specific need.

Strategy 1: Comprehensive National Biosafety and Biosecurity System

- Develop a comprehensive national biosafety and biosecurity system including records of where and in which facilities especially dangerous pathogens and toxins are housed and consolidation of especially dangerous pathogens and toxins in a minimal number of facilities
- Employment of diagnostics that can eliminate the need for culturing especially dangerous pathogens.
- Development and implementation of specific biosafety and biosecurity legislation
- Support the development of laboratory licensing, inventory control, pathogen control, and a system for reporting biosafety and biosecurity system failures.
- Development of a culture of responsibility, including a safe and secure working environment by institutionalization of national policies and procedures/guidelines based on Biorisk Management methodologies.
- Development of regional and local biorisk experts through established, international professional networks, including train-the trainers program with a common curriculum in which staff are regularly tested and exercises are conducted,
- Supporting the biosafety and biosecurity competencies of laboratorians, clinicians and diagnosticians as an integral part of other capacity building programs.
- Supporting the development of safe and secure facilities using sustainable biorisk design, methods and technologies

- Supporting the development of safe and secure facilities through sustainable methods and technologies for biorisk design

Strategy 2: Prevent Antimicrobial Resistance (AMR):

- Develop a national action plan, based on a one health approach to address AMR
- Develop and implement guidelines and standards for infection prevention

Assess existing laboratory capacity to identify and perform susceptibility testing on WHO priority AMR pathogens

- Identify and address gaps in laboratory capacity to identify and perform susceptibility testing on WHO priority AMR pathogens
- Establish or strengthen surveillance for AMR
- Improve timely and accurate reporting of AMR results to national and multi-national surveillance systems
- Assess and improve existing infection prevention and control capacity in healthcare facilities
- Determine point prevalence of healthcare-associated infections
- Track antimicrobial use
- Establish systems for antimicrobial stewardship

Strategy 3: Prevent Zoonotic Diseases:

- Emphasize one health approaches across all relevant sectors of government with the goal of detecting and controlling zoonotic threats
- Assist in the prioritization of the top five zoonotic diseases of interest
- Implement surveillance and laboratory capacity for selected zoonotic diseases
- Determine the burden of selected zoonotic diseases
- Improve inter-sectoral collaborations to address zoonotic diseases
- Strengthen capacity to detect spillover infections from animals to humans
- Implement appropriate control and prevention measures for selected zoonotic diseases
- Implement joint IHR and PVS training programs for human and animal health services
- Introduce and advise national multi-sectoral policies and regulatory guidelines promoting poultry and livestock production and marketing practices that minimize the risk of zoonotic disease emergence,

Strategy 4: Strengthen Immunization programs

- Assess and document achievement of national and subnational vaccination coverage targets for measles and other epidemic-prone VPDs by conducting vaccine coverage surveys, and serosurveys when appropriate, with an initial focus on measles coverage.
- Conduct routine immunization activities, evaluate quality of routine immunization program and identify areas for improvement, focused on measles coverage of 1-year-olds as an indicator of routine immunization series completion.
- Establish activities that address immunity gaps to measles and other epidemic-prone vaccine-preventable diseases by strengthening routine immunization services, and implementing supplemental immunization activities (SIAs), and case-based surveillance
- Support training of relevant country program staff and FETP officers in principles of VPD surveillance, outbreak investigation and response.

- Use the new measles risk assessment tool and/or any risk assessment methodology applicable to other epidemic-prone VPDs to promote primary prevention of outbreaks through implementation of risk mitigation measures.
- Develop policies and implementation plans for the use of pandemic influenza vaccines during an influenza epidemic
- Increase the efficiency of vaccination programs by developing and supporting evaluation of thermostable vaccines that have reduced cold chain requirements as well as vaccines that can be delivered by routes or means other than a needle and syringe.
- Enhance capacity for sentinel or hospital based surveillance networks with access to appropriate laboratory capacity to provide timely detection and confirmation of epidemic-prone VPDS, such as influenza, meningococcal disease, etc.
- Enhance in-country laboratory capacity to rapidly detect epidemic-prone vaccine preventable diseases
- Enhance capacity to detect, and investigate all vaccine-preventable disease outbreaks that occur.
- Enhance laboratory and epidemiologic capacity to monitor immune status of the population to identify areas with low coverage that may be vulnerable (rapid serosurveys etc.)
- Strengthen effective outbreak response immunization for measles and other epidemic-prone VPDs
- Develop and/or utilize capacity for rapid response communication messaging, including implementation of communication plans to accompany immunization campaigns and practices.
- Ensure that safe injection practices are conducted.

Strategy 5: Strengthen Surveillance Systems/Real-Time Surveillance

- Integrate data sources from disease surveillance, laboratory information systems and Emergency Operations Center (EOC)
- Identify gaps in surveillance and diagnostic capacity
- Develop a national strategy for addressing identified weaknesses.
- Strengthen foundational indicator and event-based surveillance systems
- Coordinate event-based surveillance with existing reference microbial laboratory networks
- Accelerate improvement and implementation of syndrome and/or event-based surveillance systems,
- Strengthen or, if needed, develop surveillance systems that reach across all sectors of government
- Expand information technology infrastructure with increased access to internet and electronic systems
- Support the use of interoperable, interconnected systems capable of linking and integrating multi-sectoral surveillance data
- Strengthen data management and ensure reliable and accurate site-level reporting
- Expand coverage of surveillance systems and networks
- Establish case-based monitoring and reporting and systems to increase international reporting
- Collaborate with partner countries, FAO, OIE, WHO and others to adopt/implement agreed upon standards for surveillance data.
- Develop the appropriate technical mechanisms to integrate the surveillance data
- Use surveillance information to enhance the capacity to quickly detect and respond to developing biological threats.
- Establish or improve lines of communication with public health laboratories, including reference

laboratories at national/int'l levels.

- Identify gaps and develop priorities to improve IHR capacities for infectious disease response at POEs
- Identify gaps and develop priorities in IHR capacities for cross border coordination on cross border public health events
- Establish or strengthen formal border health working groups including participation in regional multinational surveillance networks
- Develop health communications plans for mobile populations at POEs
- Develop public health emergency response plans for POEs and integrate Border Health Security into national level emergency response structures
- Develop and implement a training program for staff at point of entries to recognize and respond to communicable diseases
- Conduct tabletop and functional exercises to test public health emergency response plans at POEs
- Procure and distribute necessary response commodities for port health offices at POEs, including but not limited to handheld thermometers, Personal Protective Equipment, and other associated supplies

Strategy 6: Strengthen Laboratory Systems

- Strengthen and expand laboratory detection and confirmation capacity based on the national laboratory strategy and existing
- Establishment of national laboratory system that routinely tests and returns results of testing
- Conduct antimicrobial resistance testing
- Establish specimen referral network
- Develop lab-specific Multi-hazard National Public Health Emergency Preparedness and Response Plan
- Assist in the procurement and distribution of lab commodities and equipment maintenance
- Develop laboratory information management system
- Provide certified safety and quality management training for laboratorians
- Improve laboratory information and supply chain management systems
- Improve participation in national and international quality assurance programs and proficiency testing

Strategy 7: Strengthen Information Systems/Reporting

- Enhance the capacity for public health data and relevant situational awareness data to be collected, processed, managed and exchanged among the various levels of government and health sector.
- Enable the routine sharing of data and information as well as issuing public health alerts in preparation for events and incidents of public health significance.
- Improve the existing public health data systems including paper-based workflows and processes, as well as applicable and sustainable electronic (for e.g.: mobile) data collection, analysis and dissemination technologies applied to the public health information ecosystem.
- Support collection of data from non-traditional sources (e.g., pharmacy or commercial data if appropriate) if relevant for prevention (e.g., antimicrobial use tracking).
- Support GHS activities aimed to detect threats early, including detecting, characterizing, and reporting emerging biological threats early through real-time biosurveillance information systems.
- Support surveillance systems and networks for detecting and reporting antimicrobial resistance to local, regional, and global points of contact.

- Enhance the timely capture and exchange of accurate information on specimen collection, transport, receipt, testing, resulting and storage.
- Information systems for field-based data capture and specimen tracking.
- Electronic data capture through diagnostic equipment/computer interfacing,
- Laboratory information systems for workflow management and quality assurance.
- Laboratory informatics activities will be closely aligned with the GHS laboratory activities.
- Integration of bioinformatics analysis component of laboratory genomics data with
- Electronic lab reporting and integration of Laboratory Information Management Systems (LIMS) data into GHS data structures.
- Well-functioning information and communication systems at and connecting sub-district, district, province/state, regional and national levels, and the national level connected to the EOC for enhancing national management of public health events.
- Enhance the routine sharing of data and information as well as issuing public health alerts in response to events and incidents of public health significance.
- Building the capability and capacity for bi-directional flow of data from the field (at the point of data collection) through all levels of the health system to the PHEM program's EOC facility (when needed) will facilitate timely reporting and response to disease outbreaks.
- Develop and strengthen sustainable tools for enhanced field-based data capture (in addition to routine surveillance/monitoring) to support goals such as enhanced case finding, outbreak response, and contact tracing.
- Enhance the capability of response team to be deployed in the field equipped with information system tools for assessing and responding to the situation.

Strategy 8: Strengthen Workforce Development

- Train and deploy an effective bio-surveillance workforce including physicians, veterinarians, biostatisticians, laboratory scientists, and field epidemiologists, who can systematically cooperate to meet relevant International Health Regulations (IHR) and Performance of Veterinary Services (PVS) core competencies
- Train field epidemiologists (at least 1 per 200,000 population) whose data analysis informs evidence-based policy
- investigating outbreaks and conducting event-based surveillance
- Establish ethical review panels for investigational and/or novel interventions
- Develop of country-specific recommendations and guidelines to ensure workforce protection through the use of vaccines and

Strategy 9: Strengthen Emergency Management and Establish Emergency Operations Centers

- Establish a central point for epidemic response and information exchange
- Strengthen existing information channels and reduce response times
- Strengthening Rapid Response Team and a core team of epidemiologists for outbreak detection, investigation, and response
- Establish mechanisms for effective risk communication during a public health emergency
- Develop plan for coordinating relevant sectors

- Develop Multi-hazard National Public Health Emergency Preparedness and Response Plan Strengthen incident command/emergency management
- Reinforce laboratory diagnostic capacity and international testing referral capacity
- Workforce training for safe and rapid transport of specimens nationally and internationally
- Strengthen efforts to identify, and if necessary, monitor suspect cases using electronic reporting platforms
- Development or expansion of existing syndromic surveillance for respiratory infections
- Strengthening early detection and reporting systems.
- Enhancing reporting mechanism for reporting of respiratory clusters/unusual events
- Strengthening specimen collection, transport and pre-analytic laboratory systems
- Rapid communication and information sharing within countries and internationally as needed
- Assist in procurement and distribution of commodities for healthcare workers, facilities, and labs, including but not limited to vaccines, drugs, biologics, and Personal Protective Equipment (PPE)
- Develop core public health capabilities for medical countermeasure logistics planning and other consumables
- Establish outbreak-specific care and treatment units (CTUs)
- Implement international standard procedures for patient care and treatment
- Reinforce and strengthen infection control in healthcare facilities and CTUs
- Implement disease prevention activities in the community, including but not limited to corpse management and safe burial practices

Strategy 10: Linking Public Health and Law Enforcement and Multi-Sector Rapid Response

- Strengthen core public health and law enforcement capabilities
- Implement the Joint Criminal Epidemiological Investigations Model
- Conduct public health and law enforcement technical assessments in collaboration with CDC and FBI joint criminal epidemiological investigation SMEs
- Conduct public health and law enforcement investigations workshop consisting of lectures and exercises emphasizing the need for a joint response to biological threats
- Develop a Joint Protocol or Memorandum of Understanding between public health officials, law enforcement, and other sectors for joint investigation activities
- Implement Joint Criminal Epidemiological Investigation Training Program

Strategy 11: Improve Medical Countermeasures & Personnel Deployment

- Improving global access to medical and non-medical countermeasures during health emergencies
- Develop a national framework for sending and receiving medical countermeasures and public health and medical personnel during emergencies
- Strengthen capacity to produce or procure personal protective equipment, medications, vaccines, and technical expertise, as well as the capacity to plan for and deploy non-medical countermeasures
- Strengthen policies and operational frameworks to share public and animal health and medical personnel and countermeasures with partners.

Strategy 12: Strengthen and Revitalize the Public Health System

- Improve population health and health related indicators

- Improve preparedness and response to health hazards, emergencies and disasters
- Conduct disease prevention and health promotion activities
- Improve advocacy, health communication and social mobilization
- Strengthen public governance, planning, management and financing
- Improve technical capacity for risk assessment and enforcement of laws and regulations by public health authorities
- Evaluate and promote equitable access to services and use evaluation findings to improve services
- Improve quality assurance of health services delivered
- Clarify and formalize responsibility and accountability for public health surveillance and response
- Develop strong public health systems and functions that strengthen the Ministry of Health capacity to provide prevention and protection services
- Address the essential public health functions and operations
- Improve financial sustainability through streamlined institutions with greater ability to compete successfully for non-USG resources
- Comply with the International Health Regulations

1. Collaborations

a. With CDC-funded programs:

Awardees are required to collaborate with CDC offices in-country for technical oversight of project activities under each technical area. In addition to the project officer(s), the awardee will collaborate with contacts in-country, Subject Matter Experts (SMEs) and GHS technical leads from CDC Divisions and Offices. The project officer for this award will provide all relevant contacts and coordinate discussions with the award recipients. Awardees are required to seek post-award consultation with in-country staff, if applicable, and the appropriate SME or technical lead for proposed projects.

b. With organizations external to CDC:

The GHSA is a whole of government approach, involving multiple USG organizations. In order to achieve the GHSA targets, coordination of activities is essential. The awardee will implement activities collaboratively with a preference for local, indigenous organizations, and will promote a comprehensive, synergistic approach. The awardee is expected to collaborate with other GHSA-funded partners and programs that are working towards the objectives of this FOA. CDC offices in-country will assist the awardee in identifying and connecting with other partners working in this area and the awardee will ensure work is not duplicative but complementary and supportive to existing efforts funded by CDC and the rest of the USG. Some, but not all, of the potential USG collaborators on specific strategies are listed below.

For Strategy 1: Comprehensive National Biosafety and Biosecurity System, awardees will collaborate and coordinate efforts with the Department of Defense Cooperative Biological Engagement Program (DOD CBEP) and the Department of State Biosecurity Engagement Program (DoS BEP). For Strategy 2 and 3: Prevent AMR and Zoonotic Diseases, awardees will collaborate and coordinate efforts with the World Health Organization (WHO), World Organization for Animal Health (OIE), and the Food and Agriculture Organization. For Strategy 5: Strengthen Surveillance Systems/Real Time Surveillance, awardees are required to liaise with the World Health Organization Regional Offices (WHO AFRO, etc.) in areas of articulation, implementation and monitoring of planned activities. All Member States must address improvements to their public health surveillance systems and report periodically to the World Health Assembly on their progress. For Strategy 10: Linking Public Health and Law Enforcement and Multi-Sectoral Rapid Response, awardees must adhere to the Biological Weapons Convention, United

Nations Security Council Resolution 1540, and the International Health Regulations. In addition, the US Agency for International Development (USAID) will be a key implementer in many countries across the GHSA targets.

2. Target Populations

Not Applicable

Inclusion

Not Applicable

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

The purpose of evaluation and performance measurement is to help CDC awardees: (1) Monitor the extent to which activities were successfully completed (e.g., Were activities implemented correctly?); (2) Demonstrate progress toward achieving program outcomes (e.g., Were outcomes of interest achieved?); and (3) Inform decisions about future programming that drive continuous program improvement for more efficient and effective program performance (e.g., What and how could things be improved?).

The overall CDC Evaluation and Performance Measurement Strategy will focus on both process and outcome evaluation. Process evaluation is conducted to monitor activities during the implementation and operation of a program while an outcome evaluation examines the longer-term successes and accomplishments of a program. The Global Health Security Agenda Pilot Assessment Tool includes examples of indicators and measurements (please contact the Project Officer, Herbert Kimble at cwz2@cdc.gov for a copy of this tool).

The two tables below provide example indicators for the strategies/ activities and short-term outcomes discussed previously in the logic model and the associated narrative sections. Applicants are encouraged to propose relevant measures beyond those included in the table that will show progress toward implementing awardee activities and achieving the project period outcomes. After funding is awarded, grantees and CDC will determine the final performance measures for the project period. Grantees will use the data collected for continuous program improvement. By the end of the project period, evaluation and performance measures will be used to demonstrate the value of the project activities.

Activity	Process Evaluation Question	Performance Measure (Indicators)
For Strategy 1: Comprehensive National Biosafety and Biosecurity System, awardees will collaborate and coordinate efforts with, but not limited to, the Department of Defence Cooperative Biological Engagement Program (DoD CBEP) and the Department of State Biosecurity Engagement Program (DoS BEP)		
Strengthen whole-of-government biosafety and biosecurity system	<ul style="list-style-type: none">. Is a national biosafety and biosecurity system being developed and implemented, which includes records of where and in which facilities especially dangerous pathogens and toxins are housed and consolidation of especially dangerous pathogens and toxins in a minimal number of facilities?. Are diagnostics that can eliminate the need for culturing especially dangerous pathogens	A whole of government national biosafety and biosecurity system is in place.

being employed?

- . Is specific biosafety and biosecurity legislation being developed and implemented?
- . Is laboratory licensing, inventory control, pathogen control, and a system for reporting biosafety and biosecurity system failures being developed and implemented?
- . Is a training program, a train-the-trainers program, and a common curriculum for biorisk management being implemented, including at all facilities housing or working with especially dangerous pathogens and toxins and academic training in institutions that train those who maintain or work with especially dangerous pathogens and toxins?
- . Is a national biosafety and biosecurity system being developed and implemented, which includes records of where and in which facilities especially dangerous pathogens and toxins are housed and consolidation of especially dangerous pathogens and toxins in a minimal number of facilities?
- . Are diagnostics that can eliminate the need for culturing especially dangerous pathogens being employed?
- . Is specific biosafety and biosecurity legislation being developed and implemented?
- . Is laboratory licensing, inventory control, pathogen control, and a system for reporting biosafety and biosecurity system failures being developed and implemented?
- . Is a training program, a train-the-trainers program, and a common curriculum for biorisk management being implemented, including at all facilities housing or working with especially dangerous pathogens and toxins and academic training in institutions that train those who maintain or work with especially dangerous pathogens and toxins?
- Is a training program, a train-the-trainers program, and a common curriculum for biorisk management being implemented, including at all facilities housing or working with especially dangerous pathogens and toxins and academic training in institutions that train those who maintain or work with especially

	dangerous pathogens and toxins?	
Strategy 2: Prevent Antimicrobial Resistance (AMR)		
Assess existing laboratory capacity to identify and perform susceptibility testing on WHO priority AMR pathogens	Is there current laboratory capacity to identify and perform susceptibility testing on priority WHO AMR pathogens?	# of labs that can identify and perform antimicrobial susceptibility testing (AST) in 3 of 7 WHO priority pathogens # of labs that can perform identification and AST of other WHO priority AR pathogens or other resistant pathogens
Establish or strengthen surveillance for AMR	Has detection of AMR improved? Have number of collection sites increased?	# of collection sites participating in AMR surveillance system # of cultures processed by labs participating in AMR surveillance system # of viable isolates % of isolates with core clinical data elements completed
Develop national policies and plans to address AMR	Are policies in place to address AMR emergence and spread?	Stakeholder meeting to develop policy solutions to prevent and limit AMR Development of national AMR policy
Assess and improve existing infection prevention and control capacity in healthcare facilities	Have activities and timelines been planned to improve infection control capacity?	# of facilities participating in infection control assessments # of facilities with improvements in infection control capacity
Track antimicrobial use	Is antimicrobial use tracked via coordinated systems?	Report of the state of national or regional antimicrobial use tied to priority infections

Establish systems for antimicrobial stewardship	Are policies in place to establish antimicrobial stewardship?	# of healthcare facilities with antimicrobial stewardship programs Development of national treatment guidelines for infectious conditions consistent with international standards
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Strategy 3: Prevent Zoonotic Diseases

Implement surveillance and laboratory capacity for selected zoonotic diseases	Was establishment of laboratory capacity addressed? Was zoonotic disease surveillance considered?	# of zoonotic spillover events # of laboratory workers trained # of surveillance officers trained % of population served by laboratory service % of population covered by surveillance
Determine the burden of selected zoonotic diseases	Has a plan been developed to quantify burden of prioritized zoonotic diseases?	# of population covered by methods used to quantify burden of zoonotic diseases
Strengthen capacity to detect spillover infections from animals to humans	Have appropriate control measures considered for prioritized zoonotic diseases?	Institution of specific control measures for prioritized zoonotic diseases Establishment of baseline prevalence/incidence data to estimate the impact of control and prevention measures Establishment of a joint task force of animal and human health representatives and other stakeholders as needed

Strategy 4: Strengthen Immunization programs

Assess vaccination coverage targets by conducting vaccine coverage surveys, and serosurveys	Have vaccine coverage surveys been completed?	# of population covered by methods used to quantify burden of zoonotic diseases At least 90% coverage of the country's fifteen-month-old population with at least one dose of measles-containing vaccine as demonstrated by coverage surveys or administrative data
Strengthen routine immunization services, and implementing supplemental immunization activities (SIAs), and case-based surveillance	Has assessed and improved key components of a functioning national vaccine delivery system (nationwide reach, effective vaccine distribution, targeting underserved areas, adequate cold chain and ongoing quality control	# of population with access to vaccination services by routine services, supplemental immunization activities and covered by case-based surveillance

Strategy 5: Strengthen Surveillance Systems/Real-Time Surveillance

Strengthen data management (e.g. sources and management)	Has capacity to collect, analyze, and disseminate data increased?	# of training conducted on data analysis techniques # of surveillance reports released to public
Ensure reliable and accurate site-level reporting	Has capacity of sites to submit accurate, timely reports increased?	# of data sources contributing to surveillance system # of trainings conducted on proper reporting procedure % of site reports that are complete and received on time
Expand surveillance network	Has coverage of the surveillance system increased?	% of population covered by reporting sites # of sites reporting

Establish case-based monitoring and reporting	Has loss to follow-up decreased?	% of exposed persons identified % of exposed persons lost to follow-up after being identified

Strategy 6: Strengthen Laboratory Systems

Reinforce laboratory diagnostic capacity	Has access to laboratory confirmation testing increased? If appropriate, has utilization of rapid diagnostic tests (RDTs) increased?	% of labs conducting confirmatory testing Situational evaluation of RDTs was / was not conducted # of RDTs distributed
Strengthen and expand laboratory detection and confirmation capacity	Have laboratory diagnostic methodologies improved?	# of laboratory diagnostic tests available to identify and characterize infectious disease agents # of infectious disease agents capable of being identified
Conduct antimicrobial resistance testing	Has identification of drug resistance increased?	# of labs that test for AMR # of drug resistant specimens identified
Establish specimen referral network	Have the coverage and capacity of the specimen referral network increased?	# of sites participating in specimen transfer program % of referrals based on accurate case definitions % of specimens that meet the case definition transported to reference centers
Procure and distribute lab commodities	Have service gaps and/or stock-outs decreased?	# and length of gaps in service and/or stock-outs
Develop laboratory information management system	Has lab reporting improved?	# of hours/days to receive results # of result errors identified by quality assurance activities

Strategy 7: Strengthen Information Systems/Reporting		
Enhance the capacity for public health data and relevant situational awareness data to be collected, processed, managed and exchanged	Have health care workers been trained? Has the number of reporting units increased?	# of health care workers trained and assessed on data collection, reporting and analysis according to national information plan # of reporting units who report according to national schedule
Enable the routine sharing of data and information as well as issuing public health alerts in preparation for events and incidents	Does the routine data flow in both directions from data collection to the national information program? To the EOC (when needed) to facilitate timely reporting and response to disease outbreaks?	Documented increased timely and accurate disease reporting according to national information systems plan seen each year
Strategy 8: Strengthen Workforce Development		
Train and deploy an effective public health workforce	Has the knowledge of the public health workforce increased? Has sector coordination contributed to increased IHR core capacity implementation?	% of public health workforce having attended training # of trainings Conducted # and frequency of multi-sector coordination meetings # of functional IHR core requirements
Train field epidemiologists whose data analysis informs evidence-based policy, investigating outbreaks and conducting event-based surveillance	Have evidence-based policy and decision-making practices increased?	# of evidence-based policies adopted
Reinforce and strengthen infection control in healthcare facilities and CTUs	Has consistent adherence to infection control procedures increased?	# of trainings conducted on infection control procedures % of facilities/CTUs enforcing infection control procedures

Implement international standard procedures for patient care and treatment	Has access to outbreak-specific care and treatment increased?	# of trainings conducted on proper outbreak-specific care and treatment % of patients receiving outbreak-specific care and treatment
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Strategy 9: Strengthen Emergency Management and Establish Emergency Operations Centers

Strengthen incident command/ emergency management	Has stakeholder coordination increased? Has resource management improved? Have response efforts been informed by surveillance and reporting data?	# of stakeholder meetings conducted # of stakeholder participating in coordination efforts % of identified gaps addressed using resources available # of healthcare facilities reporting # of response gaps identified
Establish central point for epidemic response and information exchange	Has an emergency operations center (EOC) been established and is operational?	EOC does / does not exist
Strengthen existing information channels & reduce response times	Has the time to identify and respond to a public health threat decreased?	# of hours/days to identify and respond to a public health threat
Develop plan for coordinating relevant sectors	Has sector coordination during public health emergency improved?	# of sector meetings conducted # of sectors represented during meetings
Develop Multi-hazard National Public Health Emergency Preparedness and Response Plan	Have emergency response exercises been conducted?	# of emergency response exercises conducted # of weaknesses identified during exercises that receive corrective action

Strategy 10: Linking Public Health and Law Enforcement and Multi-sectoral Rapid Response

Strengthen core public health and law enforcement capabilities	<p>Have protocols been developed to respond to bio-threats including risk communication, on-site rapid testing capacity?</p> <p>Have relevant ministries or agencies been identified?</p> <p>Have national laws and authorities been reviewed to select a coordinating ministry or commission?</p> <p>Have personnel been trained?</p>	<p># of responders (including lead decision-makers) been trained at local, regional and national level</p> <p># of protocols established</p>
Implement the Joint Criminal Epidemiological Investigations Model	<p>Has country developed written frameworks identifying roles, responsibilities and best practices for multi-sector rapid response to a biological event including capacity to link public health and law enforcement</p> <p>Has the country developed a joint criminal epi investigations plan?</p>	<p>Have annual multi-sector table-top or functional exercises been conducted for all activities covered under procedures and protocols?</p> <p>Has an after action assessment of a real life incident been conducted to identify best practices?</p>

Strategy 11: Improve Medical Countermeasures & Personnel Deployment

Develop a national framework for sending and receiving medical countermeasures and public health and medical personnel during emergencies	<p>Has a national framework (including medical personnel) been developed?</p> <p>Is there a centralized stock-pile of up to date essential supplies and medications?</p>	<p>Evidence of at least one response or table top exercise to a public health emergency within the previous year that demonstrates that country sent or received medical countermeasures and personnel according to written national or international protocols</p>
Strengthen capacity to produce or procure personal protective equipment, medications, vaccines, and technical expertise	<p>Is there a protocol for procurement of essential supplies and equipment?</p> <p>Have stockpile managers and staff been trained?</p>	<p>National procurement protocol and stockpile assessed annually</p>

Strategy 12: Strengthen and Revitalize Public Health Systems

Identify gaps and develop priorities to improve IHR capacities for infectious disease response at POEs	Have activities/timelines been established to address priority BHS gaps?	Assessment report generated outlining BHS gaps
Develop health communications plans for mobile populations at POEs	Have health related messages been developed and distributed to travelers and other mobile populations?	Process for distributing travel health messages developed for POEs # of travel health messages developed and distributed
Develop and implement a training program for staff at point of entries to recognize and respond to communicable diseases	Has detection and response to an ill person at a POE improved?	# of trainings conducted for POE staff to support illness detection and response % of POE staff engaged in emergency response activities or implementation of BH measures that have attended 1 or more trainings
Conduct tabletop and functional exercises to test public health emergency response plans at POEs	Are POE authorities able to implement an emergency response and border health measures during a public health emergency?	# of tabletop and functional exercises conducted that demonstrate operational and stakeholder coordination capabilities
Identify gaps and priorities to address cross border IHR capacities.	Is there cross-border information sharing of border community surveillance and outbreak information?	# of cross border surveillance reports
Strengthen public governance, planning, management and financing	Have key stakeholders been identified and engaged? Has the country assessed desired public health functions against current organizational capacity?	# of WHO Essential Public Health Functions achieved
Improve preparedness and response to health hazards, emergencies and disasters	Is the country able to meet IHR? Has technical sustainability improved?	# of key stakeholders identified and engaged in project goals

Short-Term Outcomes

Outcome Measures

<u>Comprehensive National Biosafety and Biosecurity System</u>	<ul style="list-style-type: none"> A whole of government national biosafety and biosecurity system is in place
- Whole of Government National Biosafety and Biosecurity System is being developed and implemented (refer to target and pilot questions)	
<u>Prevent Antimicrobial Resistance (AMR) and Zoonotic Diseases</u>	<ul style="list-style-type: none"> % of clinics that have AMR monitoring and surveillance plan implemented # of labs that can identify and perform AST for WHO priority AR pathogens # of labs with capacity to identify and perform susceptibility testing in other country specific priority pathogens
- Improved infection control procedures - Integrated/global approach for monitoring and surveillance of antimicrobial drug use and AMR - Improved ability to prevent, detect, and control zoonotic diseases	
<u>Strengthen Immunization programs</u> Improved national vaccine delivery system Reduced number and magnitude of infectious disease outbreaks	<ul style="list-style-type: none"> 90% coverage of country's fifteen-month-old population with at least one dose of measles containing vaccine # of vaccine preventable infectious disease outbreaks
<u>Strengthen surveillance systems/Real-Time Surveillance</u>	<ul style="list-style-type: none"> # of outbreaks detected # hours/days to confirm outbreak Real-time surveillance information system implemented and maintained Length of time from collection of surveillance data to availability in surveillance system
<u>Strengthen laboratory systems</u>	<ul style="list-style-type: none"> Length of time to get sample to lab Length of time to analyze sample % of workforce certified in lab procedures
<u>Strengthen Information Systems</u>	<ul style="list-style-type: none"> Timely and accurate disease reporting according to WHO, OIE, and FAO requirements # of NFP web connection to the learning package on reporting to WHO
- Improved reporting to the WHO, OIE, and FAO during emergencies, with rapid sample and reagent sharing	

<u>Strengthen workforce development</u>	<ul style="list-style-type: none"> - Countries have public workforce they need - Increased capacity system-wide and in critical programs - Enhanced ability of country to fulfill relevant core competencies 	<ul style="list-style-type: none"> · % of public health workforce trained in preparedness and response · Institutional change in behavior of healthcare workers · # of healthcare workers exposed · % of exposed healthcare workers confirmed as cases · # of healthcare associated infections
<u>Strengthen Emergency Management and Establish Emergency Operations Centers</u>	<ul style="list-style-type: none"> - Improved EOC infrastructure - Increased skills and abilities of staff 	<ul style="list-style-type: none"> · Established EOC with functional emergency management plan · Processes for risk reduction and containment in place · # hours/days to activate emergency management plans · % of staff trained in EOC procedures
<u>Linking Public Health and Law Enforcement and Multi-sector Rapid Response</u>	<ul style="list-style-type: none"> - Coordinated planning meetings to develop shared policies and protocols - Improved capacity to link public health and law enforcement 	<ul style="list-style-type: none"> · Evidence of at least 1 response within the previous year that effectively links public health and law enforcement · # of formal exercises or simulations involving leadership from the country's public health and law enforcement communities
<u>Improve Medical Countermeasures & Personnel Deployment</u>	<ul style="list-style-type: none"> - National framework for transferring medical countermeasures and medical personnel - Strengthen capacity to produce or procure personal protective equipment, medications, vaccines, and technical expertise - Improved capacity to deploy non-medical countermeasures 	<ul style="list-style-type: none"> · Maintained centralized stock-pile of essential supplies and medications · Evidence of at least 1 response to a public health emergency within the previous year that demonstrates that the country sent or received medical countermeasures and personnel according to written national or international protocols
<u>Strengthen and Revitalize Public Health Systems</u>	<ul style="list-style-type: none"> - Increased coordination and capacity to address border health security - Increased understanding of border health security issues among officials and mobile populations - Comply with the IHR - Increased technical sustainability and improved financial sustainability - Improved community knowledge and 	<ul style="list-style-type: none"> · # of specific Points of Entry/Exit (POE) core capacities achieved under the International Health Regulations · # of IHR Core Capacities achieved · Established Specialty clinical care network to address health needs of EVD survivors

- prevention efforts
- Improved support resources

ii. Applicant Evaluation and Performance Measurement Plan

Applicants must provide an overall jurisdiction or community-specific evaluation and performance measurement plan that is consistent with the CDC strategy. At a minimum, the plan must:

- Describe how key program partners will participate in the evaluation and performance measurement planning processes.
- Describe the type of evaluations (i.e., process, outcome, or both) to be conducted.
- Describe key evaluation questions. Describe other information (e.g., performance measures to be developed by the applicant), as determined by the CDC program, that must be included.
- Describe potentially available data sources and feasibility of collecting appropriate evaluation and performance data.
- Describe how evaluation findings will be used for continuous program quality improvement.
- Describe how evaluation and performance measurement will contribute to developing an evidence base for programs that employ strategies lacking a strong effectiveness evidence base.

c. Organizational Capacity of Awardees to Execute the Approach

A successful award must demonstrate core organizational capacity to manage and conduct the activities for which awards are made. Applicants will demonstrate the local experience and institutional capacity (both management and technical) to achieve the goals of the FOA with documented good governance practices. Applicants will demonstrate a proven history of building the capacity of indigenous organizations. Preferred applicants will have an established partner network for countries requested for funding and an established track record of working in the region and a demonstrated ability to quickly establish a presence in similar emergency situations.

The application must include a clear plan for the administration and management of the proposed activities, and to manage the resources of the program, prepare reports, monitor and evaluate activities, audit expenditures and produce collect and analyze performance data. Applicants should provide CVs or resumes for key personnel along with a current organizational chart with their application.

Applicant must be able to manage program performance, evaluation, performance monitoring, financial reporting, and must have capacity to manage the required funds in accordance with the HHS Grants Policy Statement, which can be found at: <http://www.hhs.gov/asfr/ogapa/aboutog/hhsgps107.pdf>.

d. Work Plan

Updated text

Applicants must provide a work plan for every country requested for funding.

The work plan allows the CDC project officer to monitor implementation of activities and progress on project period outcomes. Each technical area the applicant is applying for must include a work plan. Work plans should be detailed and focused on the first year of the project period with a framework for subsequent years. Work plans should demonstrate alignment among the outcomes, strategies, activities, timelines and staffing. Applicants are strongly encouraged to use activities indicated under the “Strategy & Activities” section, but are allowed to augment those activities on the basis of the priority needs. Additional information on performance measures, data sources and target population(s) can also be included.

The work plan must include, at minimum:-

- Activities and timelines to support achievement of expected outcomes. These activities must be in alignment with the overall logic model and have appropriate performance measures or milestones for

- accomplishing tasks;
- Work plans must include activities and performance measures that are specific, measurable, achievable, relevant and time-specific;
 - Information on data sources and target population(s);
 - Staff and administrative roles and functions to support implementation of the award; and
 - Monitoring and evaluation plan to determine quality and effectiveness of program activities.

A suggested work plan format is provided below. If using this format, the table should be completed for each project period outcome. If a particular activity leads to multiple outcomes, it should be described under each outcome measure.

Project Period Outcome: [from Outcomes section and/or logic model]		Outcome Measure: [from Evaluation and Performance Measurement section]		
Strategy #	Process Measure [from Evaluation and Performance Measurement section]	Data Sources	Target	Timeframe
1.				
2.				
Activities		Person Responsible	Completion Date	
1.				
2.				

e. CDC Monitoring and Accountability Approach

Monitoring activities include routine and ongoing communication between CDC and awardees, site visits, and awardee reporting (including work plans, performance, and financial reporting). HHS grants policy specifies the following HHS expectations for post-award monitoring for grants and cooperative agreements:

- Tracking awardee progress in achieving the desired outcomes.
- Insuring the adequacy of awardee systems that underlie and generate data reports.
- Creating an environment that fosters integrity in program performance and results.

Monitoring may also include the following activities:

- Ensuring that work plans are feasible based on the budget and consistent with the intent of the award.
- Ensuring that awardees are performing at a sufficient level to achieve objectives within stated timeframes.
- Working with awardees on adjusting the work plan based on achievement of objectives and changing budgets.
- Monitoring performance measures (both programmatic and financial) to assure satisfactory performance levels.

Other activities deemed necessary to monitor the award, if applicable.

These may include monitoring and reporting activities as outlined in HHS grants policy that assists grants management staff (e.g., grants management officers and specialists, and project officers) in the identification, notification, and management of high-risk grantees.

f. CDC Program Support to Awardees

In a cooperative agreement, CDC staff is substantially involved in the program activities, above and beyond routine grant monitoring. CDC activities for this program are as follows:

- Organize an orientation meeting with the awardee for a briefing on applicable U.S. Government, and HHS/CDC expectations, regulations and key management requirements, as well as report formats and contents.
- Meet on a regular basis with the awardee to assess expenditures in relation to approved work plan and modify plans as necessary.
- Review and approve the awardees' Evaluation and Performance Measurement Plan.
- Meet on a quarterly basis with the awardee to assess quarterly technical and financial progress reports and modify plans as necessary.
- Meet on an annual basis with the awardee to review annual progress report for each U.S. Government Fiscal Year, and to review annual work plans and budgets for the subsequent year.
- Provide technical assistance, as mutually agreed upon, and revise annually during validation of the first and subsequent annual work plans.
- Assist the awardee in developing and implementing quality-assurance criteria and procedures.
- Facilitate in-country planning and review meetings for technical assistance activities.
- Coordinate activities where appropriate with Ministries of Health or other partners.
- Collaborate with the awardee on designing and implementing the activities listed above, including, but not limited to: the provision of technical assistance to develop program activities, data management and analysis, and quality assurance.
- Facilitate in-country planning and review meetings for technical assistance activities.
- Provide in-country administrative support to help the awardee meet U.S. Government financial and reporting requirements approved by the Office of Management and Budget (OMB) under 0920-0428.
- Provide technical assistance or advice on any data collections on 10 or more people who are planned or conducted by the awardee. All such data collections-- where CDC staff will be or are approving, directing, conducting, managing, or owning data-- must undergo OMB project determinations by CDC and may require OMB PRA clearance prior to the start of the project.
- CDC must be included as co-investigators in any projects or publications resulting from awarded activities
- Provide technical oversight for all activities under this award.

B. Award Information

1. Funding Instrument Type:	Cooperative Agreement CDC's substantial involvement in this program appears in the CDC Program Support to Awardees Section.
2. Funding Activity Category:	HL
3. Fiscal Year:	2015
Estimated Total Funding:	\$100,000,000
4. Approximate Total Fiscal Year Funding:	\$100,000,000
5. Approximate Project Period Funding:	\$500,000,000
6. Total Project Period Length:	5 year(s)
7. Expected Number of Awards:	100

Updated text - Amendment 2:

The purpose of this amendment is to remove the ceiling amount listed in the FOA; please disregard the Updated Text (below) provided in the First Amendment. Note - although the ceiling has been removed, the proposed work plan and budget should align with the proposed activities in the application(s) submitted.

Previous text:

Updated text (From Amendment 1 - However, as noted in Amendment 2 (above) please disregard)

7. Expected Number of Awards: 100

*Note - The expected range for an award will vary by the amount of strategies and countries the partner is working with. It is anticipated that the average range for an award would vary between \$300,000 to \$10,000,000.

8. Approximate Average Award: between \$300,000 to \$10,000,000 Per Budget Period

9. Award Ceiling: \$10,000,000 Per Budget Period

Previous text (From Original FOA - However as noted in Amendment 2 (above) please disregard)

7. Expected Number of Awards: 100

*Note - Although the Approximate Average Award (#8 below) is listed as \$1,000,000, the expected range for an award will vary by the amount of strategies and countries the partner is working with. It is anticipated that the average range for an award would vary between \$300,000 to \$10,000,000.

8. Approximate Average Award: \$1,000,000 Per Budget Period

9. Award Ceiling: \$50,000,000 Per Budget Period

8. Approximate Average Award: \$0 Per Budget Period

9. Award Ceiling: \$0 Per Budget Period

10. Award Floor: \$0 Per Budget Period

11. Estimated Award Date: 08/01/2015

12. Budget Period Length: 12 month(s)

Throughout the project period, CDC will continue the award based on the availability of funds, the evidence of satisfactory progress by the awardee (as documented in required reports), and the determination that continued funding is in the best interest of the federal government. The total number of years for which federal support has been approved (project period) will be shown in the "Notice of Award." This information does not constitute a commitment by the federal government to fund the entire period. The total project period comprises the initial competitive segment and any subsequent non-competitive continuation award(s).

13. Funds Tracking

Proper fiscal oversight is critical to maintaining public trust in the stewardship of federal funds. Effective October 1, 2013, a new HHS policy on subaccounts requires the CDC to set up payment subaccounts within the Payment Management System (PMS) for all new grant awards. Funds awarded in support of approved activities and drawdown instructions will be identified on the Notice of Award in a newly established PMS subaccount (P subaccount). Grantees will be required to draw down funds from award-specific accounts in the PMS. Ultimately, the subaccounts will provide grantees and CDC a more detailed and precise understanding of financial transactions.

Applicants are encouraged to demonstrate a record of fiscal responsibility and the ability to provide sufficient and effective oversight. Financial management systems must meet the requirements as described 2 CFR 200 which include, but are not limited to, the following:

- Records that identify adequately the source and application of funds by strategy for federally-funded activities.
- Effective control over, and accountability for, all funds, property, and other assets.
- Comparison of expenditures with budget amounts by strategy for each Federal award.
- Written procedures to implement payment requirements.
- Written procedures for determining cost allowability.
- Written procedures for financial reporting and monitoring.

14. Direct Assistance

Direct assistance is not available through this FOA.

15. Indirect Costs

Indirect Costs are an allowable cost through this FOA.

Indirect costs will not be reimbursed under grants to foreign organizations, international organizations, and foreign components of grants to domestic organizations (does not affect indirect cost reimbursement to the domestic entity for domestic activities). The CDC will not reimburse indirect costs unless the recipient has an indirect cost rate covering the applicable activities and period.

C. Eligibility Information

1. Eligible Applicants

Eligibility Category: Public and State controlled institutions of higher education
 Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education
 Nonprofits without 501(c)(3) status with the IRS, other than institutions of higher education
 Private institutions of higher education
 For profit organizations other than small businesses
 Small businesses

Additional Non-government Organizations:

Faith-based organizations

2. Special Eligibility Requirements

In response to this public health emergency, CDC is requesting that competition be limited to partners, including nongovernmental organizations, faith-based organizations, community based organizations, for-profit entities and universities who have (1) an established partner network for Ebola affected, GHSA Phase I or Ebola high-risk countries **requested in your application** and (2) have an existing in-country presence or an established track record of working in the region.

Updated text

In response to this public health emergency, CDC is requesting that competition be limited to partners, including nongovernmental organizations, faith-based organizations, community based organizations, for-profit entities and universities who have (1) an established partner network for Ebola affected, GHSA Phase I or Ebola high-risk countries **requested in your application** and (2) have an existing in-country presence or an established track record of working in the region.

Previous text

In response to this public health emergency, CDC is requesting that competition be limited to partners, including nongovernmental organizations, faith-based organizations, community based organizations, for-profit entities and universities who have (1) an established partner network for all Ebola affected, GHSA Phase I and Ebola high-risk countries and (2) have an existing in-country presence or an established track record of working in the region and a demonstrated ability to quickly establish a presence in similar emergency situations.

3. Justification for Less than Maximum Competition

After awarding the initial set of applicants for GH15-1621, CDC CGH DGHP reviewed applications from the remaining approved but unfunded (ABU) applicants and determined that the FOA must be revised to include additional technical focus areas and solicit applications from the newly announced Global Health Security phase one and additional countries that remain at high risk for Ebola.

Since GH15-1621 was published, several decisions and developments have occurred, including enactment of the FY 2015 Consolidated Appropriations Act which provided funding for international Ebola preparedness and response, as well as implementation of the Global Health Security Agenda (GHSA). This funding stream prioritizes countries that are particularly susceptible to Ebola virus disease importation and other high impact infectious diseases, as well as nations that are high-priority due to poor infrastructure, countries serving as major transport hubs, and high population density centers. In addition, GHSA Phase One countries have been identified for initial action. The urgent implementation of activities under this FOA is a priority for the CDC Director.

In response to this public health emergency, CDC is requesting that competition be limited to partners, including nongovernmental organizations, faith-based organizations, community based organizations, for-profit entities and universities who have (1) an established partner network in Ebola affected, GHSA Phase one and Ebola high-risk and (2) have an existing in-country presence or an established track record of working in the region and a demonstrated ability to quickly establish a presence in similar emergency situations.

Limiting competition to experienced organizations will enable CDC to develop a network of partners who have proven their ability to work in the region, collaborate with other partners and respond quickly and effectively to public health emergencies. The organizations selected for limited competition are uniquely positioned, in terms of authority, ability, track record, infrastructure and credibility to respond to the Ebola outbreak in West Africa and achieve Global Health Security targets in the priority GHS countries. They have demonstrated their ability to coordinate activities, collect information and train staff. They also have an unprecedented level of access to different sectors of civil society and government.

4. Other

Eligibility is limited to applicants that meet the following requirements:

- Demonstrated their ability to respond quickly and effectively to implement activities under this funding opportunity announcement.
- Established track record of working in the country or region with demonstrated ability to emergently establish presence in similar settings;
- Established partner network and ability to build the capacity of local, indigenous organizations
- Proven history of building the capacity of indigenous organizations
- Demonstrated core organizational capacity to manage and conduct the activities with documented good governance practices

- Demonstrated ability to manage the resources of the program, prepare reports, monitor and evaluate activities, audit expenditures and produce collect and analyze performance data

5. Cost Sharing or Matching

Cost Sharing / Matching No

Requirement:

6. Maintenance of Effort

Maintenance of Effort is not required for this program.

D. Application and Submission Information

1. Required Registrations

An organization must be registered at the three following locations before it can submit an application for funding at www.grants.gov.

a. Data Universal Numbering System:

All applicant organizations must obtain a Data Universal Numbering System (DUNS) number. A DUNS number is a unique nine-digit identification number provided by Dun & Bradstreet (D&B). It will be used as the Universal Identifier when applying for federal awards or cooperative agreements.

The applicant organization may request a DUNS number by telephone at 1-866-705-5711 (toll free) or internet at <http://fedgov.dnb.com/webform/displayHomePage.do>. The DUNS number will be provided at no charge.

If funds are awarded to an applicant organization that includes sub-awardees, those sub-awardees must provide their DUNS numbers before accepting any funds.

b. System for Award Management (SAM):

The SAM is the primary registrant database for the federal government and the repository into which an entity must submit information required to conduct business as an awardee. All applicant organizations must register with SAM, and will be assigned a SAM number. All information relevant to the SAM number must be current at all times during which the applicant has an application under consideration for funding by CDC. If an award is made, the SAM information must be maintained until a final financial report is submitted or the final payment is received, whichever is later. The SAM registration process can require 10 or more business days, and registration must be renewed annually. Additional information about registration procedures may be found at www.SAM.gov.

c. Grants.gov:

The first step in submitting an application online is registering your organization at www.grants.gov, the official HHS E-grant Web site. Registration information is located at the “Get Registered” option at www.grants.gov.

All applicant organizations must register at www.grants.gov. The one-time registration process usually takes not more than five days to complete. Applicants should start the registration process as early as possible.

Step	System	Requirements	Duration	Follow Up
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1	Data Universal Number System (DUNS)	<ol style="list-style-type: none"> 1. Click on http://fedgov.dnb.com/webform 2. Select Begin DUNS search/request process 3. Select your country or territory and follow the instructions to obtain your DUNS 9-digit # 4. Request appropriate staff member(s) to obtain DUNS number, verify & update information under DUNS number 	1-2 Business Days	To confirm that you have been issued a new DUNS number check online at (http://fedgov.dnb.com/webform) or call 1-866-705-5711
2	System for Award Management (SAM) formerly Central Contractor Registration (CCR)	<ol style="list-style-type: none"> 1. Retrieve organizations DUNS number 2. Go to www.sam.gov and designate an E-Biz POC (note CCR username will not work in SAM and you will need to have an active SAM account before you can register on grants.gov) 	3-5 Business Days but up to 2 weeks and must be renewed once a year	For SAM Customer Service Contact www.fsd.gov/US Calls: 866-606-8220
3	Grants.gov	<ol style="list-style-type: none"> 1. Set up an individual account in Grants.gov using organization new DUNS number to become an authorized organization representative (AOR) 2. Once the account is set up the E-BIZ POC will be notified via email 3. Log into grants.gov using the password the E-BIZ POC received and create new password 4. This authorizes the AOR to submit applications on behalf of the organization 	Same day but can take 8 weeks to be fully registered and approved in the system (note, applicants MUST obtain a DUNS number and SAM account before applying on grants.gov)	Register early! Log into grants.gov and check AOR status until it shows you have been approved

2. Request Application Package

Applicants may access the application package at www.grants.gov.

3. Application Package

Applicants must download the SF-424 application package associated with this funding opportunity from www.grants.gov. If Internet access is not available, or if the online forms cannot be accessed, applicants may call the CDC PGO staff at 770-488-2700 or e-mail PGO PGOTIM@cdc.gov for assistance. Persons with hearing loss may access CDC telecommunications at TTY 1-888-232-6348.

4. Submission Dates and Times

If the application is not submitted by the deadline published in the FOA, it will not be processed. PGO personnel will notify the applicant that their application did not meet the deadline. The applicant must receive pre-approval to submit a paper application (see Other Submission Requirements section for additional details). If the applicant is authorized to submit a paper application, it must be received by the deadline provided by PGO.

If Grants.gov cannot receive applications due to an emergency or other unanticipated event (and circumstances preclude advance notification of an extension), then applications must be submitted by the first business day on which government operations resume.

Due Date for Applications: **06/12/2015**

Electronically submitted applications must be submitted no later than 11:59 p.m., ET, on the listed application due date.

5. CDC Assurances and Certifications

All applicants are required to sign and submit CDC Assurances and Certifications documents that can be found on the CDC Web site: <http://www.cdc.gov/grants/interestedinapplying/applicationprocess.html>

Applicants may follow either of the following processes:

- Applicants must name this file "Assurances and Certifications" and upload as a PDF on www.grants.gov.
- Complete the applicable assurances and certifications and submit them directly to CDC on an annual basis at <http://www.cdc.gov/od/pgo/funding/grants/foamain.shtm>

Assurances and certifications submitted directly to CDC will be kept on file for 1 year and will apply to all applications submitted to CDC within one year of the submission date.

6. Contents and Form of Applications Submission

Applicants are required to submit all of the documents outlined below as their application package on www.grants.gov.

7. Letter of Intent (LOI)

LOI is not requested or required as part of the application for this FOA.

8. Table of Contents

(No page limit, not included in project narrative page limit). Provide a detailed table of contents for the entire submission package that includes all of the documents in the application and headings in the "Project Narrative" section. Name the file "Table of Contents" and upload it as a PDF file under "Other Attachment Forms" at www.grants.gov.

9. Project Abstract Summary

(Maximum of 1 page, single spaced, 12 point font, 1-inch margins). A project abstract is included on the mandatory documents list and must be submitted at www.grants.gov. The project abstract must be a self-contained, brief summary of the proposed project including the purpose and outcomes. This summary must not include any proprietary or confidential information. Applicants must enter the summary in the "Project Abstract Summary" text box at www.grants.gov.

10. Project Narrative

(Maximum of 18 pages single spaced, Calibri 12 point, 1-inch margins, number all pages, content beyond 18 pages will not be reviewed). The Project Narrative must include all of the bolded headings shown in this section. The Project Narrative must be succinct, self-explanatory, and in the order outlined in this section. It must address outcomes and activities to be conducted over the entire project period as identified in the CDC Project Description section.

Applicants must submit a Project Narrative with the application forms. Applicants must name this file “Project Narrative” and upload it at www.grants.gov.

a. Background

Applicants should provide a description of relevant background information that includes the context of the problem (see CDC Background).

b. Approach

i. Problem Statement

Applicants must describe the core information relative to the problem for the jurisdictions or populations they serve. The core information should help reviewers understand how the applicant’s response to the FOA will address the public health problem and support public health priorities. (See CDC Project Description).

ii. Purpose

Applicants must describe specifically how their application will address the problem as described in the CDC Project Description.

iii. Outcomes

Applicants must clearly identify the outcomes they expect to achieve by the end of the project period. Outcomes are the results that the program intends to achieve. All outcomes should indicate the intended direction of change (i.e., increase, decrease, maintain). See the program logic model in the Approach section of the CDC Project Description.

In addition to the project period outcomes required by CDC, applicants should include any additional outcomes they anticipate.

iv. Strategy and Activities

The applicant must provide a clear and concise description of the strategies and activities they will use to achieve the project period outcomes. Whenever possible, applicants should use evidence-based program strategies as identified by the Community Guide (or similar reviews) and reference it explicitly as a source. Applicants may propose additional strategies and activities to achieve the outcomes. Applicants should select existing evidence-based strategies that meet their needs, or describe the rationale for developing and evaluating new strategies or practice-based innovations. (See CDC Project description: Strategies and Activities section).

- 1. Collaborations:** Applicants must describe how they will collaborate with CDC funded programs as well as with organizations external of CDC.

Updated text

As an optional document, applicants may provide MOUs/MOAs and name the file “MOUs/MOAs” and upload as PDF files at www.grants.gov.

As an optional document, applicants may file letters of support, as appropriate, name the file “Letters of Support”, and upload it as a PDF file at www.grants.gov.

Previous text

Applicants must provide MOUs/MOAs and name the file “MOUs/MOAs” and upload as PDF files at www.grants.gov. Applicants must file letters of support, as appropriate, name the file “Letters of Support”, and upload it as a PDF file at www.grants.gov.

2. Target Populations: Not Applicable

c. Applicant Evaluation and Performance Measurement Plan

Applicants must provide an evaluation and performance measurement plan that is consistent with the CDC Evaluation and Performance Measurement Strategy section of the CDC Project Description of this FOA. Data collected must be used for ongoing monitoring of the award to evaluate its effectiveness, and for continuous program improvement.

The plan must:

- Describe how key program partners will be engaged in the evaluation and performance measurement planning processes.
- Describe the type of evaluations to be conducted (i.e. process and/or outcome).
- Describe key evaluation questions to be answered.
- Describe other information, as determined by the CDC program (e.g., performance measures to be developed by the applicant) that should be included.
- Describe potentially available data sources and feasibility of collecting appropriate evaluation and performance data.
- Describe how evaluation findings will be used for continuous program and quality improvement.
- Describe how evaluation and performance measurement will contribute to development of that evidence base, where program strategies are being employed that lack a strong evidence base of effectiveness.

Awardees will be required to submit a more detailed evaluation and performance measurement plan within the first 6 months of the project, as outlined in the reporting section of the FOA.

Awardees will be required to submit a more detailed evaluation and performance measurement plan within the first six months of the project, as outlined in the reporting section of the FOA.

d. Organizational Capacity of Applicants to Implement the Approach

Applicant must address the organizational capacity requirements as described in the CDC Project Description.

Applicants must name this file "CVs/Resumes" or "Organizational Charts" and upload it at www.grants.gov.

11. Work Plan

Applicants must prepare a work plan consistent with the CDC Project Description Work Plan section. The work plan integrates and delineates more specifically how the awardee plans to carry out achieving the project period outcomes, strategies, and activities, evaluation and performance measurement, including key milestones.

Applicants must name this file “Work Plan” and upload it as a PDF file at www.grants.gov.

12. Budget Narrative

Applicants must submit an itemized budget narrative, which may be scored as part of the Organizational Capacity of Awardees to Execute the Approach. When developing the budget narrative, applicants must consider whether the proposed budget is reasonable and consistent with the purpose, outcomes, and program strategy outlined in the project narrative. The budget must include:

- Salaries and wages
- Fringe benefits
- Consultant costs
- Equipment
- Supplies
- Travel
- Alterations and Renovations
- Other categories
- Contractual costs
- Total Direct costs
- Total Indirect costs

For guidance on completing a detailed budget, see Budget Preparation Guidelines at:

<http://www.cdc.gov/grants/interestedinapplying/applicationresources.html>

Applicants should name this file “Budget Narrative” and upload it as a PDF file to www.grants.gov. If requesting indirect costs in the budget, a copy of the indirect cost rate agreement is required. If the indirect cost rate is a provisional rate, the agreement must have been made less than 12 months earlier. Applicants must name this file “Indirect Cost Rate” and upload it to www.grants.gov.

Updated text

Applicants must provide a budget narrative for every country requested for funding.

13. Tobacco and Nutrition Policies

Awardees are encouraged to implement tobacco and nutrition policies.

Unless otherwise explicitly permitted under the terms of a specific CDC award, no funds associated with this FOA may be used to implement the optional policies, and no applicants will be evaluated or scored on whether they choose to implement these optional policies.

CDC supports implementing evidence-based programs and policies to reduce tobacco use and secondhand smoke exposure, and to promote healthy nutrition. CDC encourages all awardees to implement the following optional recommended evidence-based tobacco and nutrition policies within their own organizations. The tobacco policies build upon the current federal commitment to reduce exposure to secondhand smoke, specifically The Pro-Children Act, 20 U.S.C. 7181-7184, that prohibits smoking in certain facilities that receive federal funds in which education, library, day care, health care, or early childhood development services are provided to children.

Tobacco Policies:

1. Tobacco-free indoors: Use of any tobacco products (including smokeless tobacco) or electronic

- cigarettes is not allowed in any indoor facilities under the control of the awardee.
2. Tobacco-free indoors and in adjacent outdoor areas: Use of any tobacco products or electronic cigarettes is not allowed in any indoor facilities, within 50 feet of doorways and air intake ducts, and in courtyards under the control of the awardee.
 3. Tobacco-free campus: Use of any tobacco products or electronic cigarettes is not allowed in any indoor facilities or anywhere on grounds or in outdoor space under the control of the awardee.

Nutrition Policies:

1. Healthy food-service guidelines must, at a minimum, align with HHS and General Services Administration Health and Sustainability Guidelines for Federal Concessions and Vending Operations. These guidelines apply to cafeterias, snack bars, and vending machines in any facility under the control of the awardee and in accordance with contractual obligations for these services (see: http://www.gsa.gov/graphics/pbs/Guidelines_for_Federal_Concessions_and_Vending_Operations.pdf).
2. Resources that provide guidance for healthy eating and tobacco-free workplaces are:
<http://www.cdc.gov/nccdphp/dnpao/hwi/toolkits/tobacco/index.htm>
<http://www.thecommunityguide.org/tobacco/index.html>
<http://www.cdc.gov/chronicdisease/resources/guidelines/food-service-guidelines.htm>

14. Intergovernmental Review

Executive Order 12372 does not apply to this program.

15. Funding Restrictions

Restrictions that must be considered while planning the programs and writing the budget are:

- Awardees may not use funds for research.
- Awardees may not use funds for clinical care except as allowed by law.
- Awardees may only use funds for reasonable program purposes, including personnel, travel, supplies, and services (such as contractual).
- Generally, awardees may not use HHS/CDC/ATSDR funding for the purchase of furniture or equipment. Any such proposed spending must be clearly identified in the budget in accordance with CDC's budget guidelines.
- Reimbursement of pre-award costs is not allowed.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
 - Publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
 - The salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
 - See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC awardees.

The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.

16. Other Submission Requirements

a. Electronic Submission: Applications must be submitted electronically at www.grants.gov. The application package can be downloaded from www.grants.gov. Applicants can complete the application package off-line, and then submit the application by uploading it at www.grants.gov website. All application attachments must be submitted using a PDF file format. Directions for creating PDF files can be found at www.grants.gov. File formats other than PDF may not be readable by PGO TIMS staff.

Applications must be submitted electronically by using the forms and instructions posted for this funding opportunity on www.grants.gov.

If Internet access is not available or if the forms cannot be accessed on-line, applicants may contact the PGO TIMS staff at 770- 488-2700 or by e-mail at pgotim@cdc.gov, Monday through Friday, 7:30 am–4:30 pm Eastern Standard Time (EST), except federal government holidays. Electronic applications will be considered successful if they are available to PGO TIMS staff for processing from www.grants.gov on the deadline date.

Do not use “special characters (i.e. %, &, * etc.) on the cover page of your application (form SF 424 – Application for Federal Assistance) as special characters are not recognized by the electronic system. Use of special characters may result in your application being rejected. When copy/paste is used on application documents, the grantee should ensure that text only is pasted. When extra, blank spaces at the end of the original are pasted into the new document it causes the system to reject the document.

b. Tracking Number: Applications submitted through www.grants.gov, are time/date stamped electronically and assigned a tracking number. The Authorized Organization Representative (AOR) will receive an email notice of receipt when www.grants.gov receives the application. The tracking number serves to document that the application has been submitted and initiates the electronic validation process before the application is made available to CDC.

c. Validation Process: Application submission is not concluded until successful completion of the validation process. After submission of the application package, applicants will receive a “submission receipt” email generated by www.grants.gov. A second email message to applicants will then be generated by www.grants.gov that will either validate or reject the submitted application package. This validation process may take as long as two (2) business days. Applicants are strongly encouraged to check the status of their application to ensure submission of their package is complete and no submission errors have occurred. Applicants also are strongly encouraged to allocate ample time for filing to guarantee that their application can be submitted and validated by the deadline published in the FOA. Non-validated applications will not be accepted after the published application deadline date.

If you do not receive a “validation” e-mail within two business days of application submission, please contact www.grants.gov. For instructions on how to track your application, refer to the e-mail message generated at the time of application submission or the Application User Guide, Version 3.0, page 57.

d. Technical Difficulties: If the applicant encounters technical difficulties with www.grants.gov, the applicant should contact www.grants.gov Customer Service. The www.grants.gov Contact Center is available 24 hours a day, 7 days a week, with the exception of Federal Holidays. You can reach the www.grants.gov Contact Center at 1-800-518-4726 or by email at support@www.grants.gov. Submissions sent by email, fax, CD’s or thumb drives of applications will not be accepted. Please note that www.grants.gov is managed by HHS.

e. Paper Submission: If technical difficulties are encountered at www.grants.gov, applicants should call the

www.grants.gov Contact Center at 1-800-518-4726 or e-mail them at support@www.grants.gov for assistance. After consulting with the Contact Center, if the technical difficulties remain unresolved and electronic submission is not possible, applicants may e-mail or call CDC GMO/GMS, before the deadline, and request permission to submit a paper application. Such requests are handled on a case-by-case basis.

An applicant's request for permission to submit a paper application must:

1. Include the www.grants.gov case number assigned to the inquiry;
2. Describe the difficulties that prevent electronic submission and the efforts taken with the www.grants.gov Contact Center to submit electronically; and
3. Be postmarked at least three calendar days before the application deadline. Paper applications submitted without prior approval will not be considered. If a paper application is authorized, PGO will advise the applicant of specific instructions for submitting the application (e.g., original and two hard copies of the application by U.S. mail or express delivery service).

E. Application Review Information

1. Review and Selection Process

a. Phase I Review

All applications will be reviewed initially for completeness by the CDC's Procurement and Grants Office (PGO) staff and will be reviewed jointly for eligibility by the CDC Center for Global Health and PGO. Incomplete applications and applications that are non-responsive to the eligibility criteria will not advance to Phase II review. Applicants will be notified that the application did not meet eligibility and/or published submission requirements.

b. Phase II Review

A review panel will evaluate complete, eligible applications in accordance with the "Criteria" section of the FOA.

Not more than 30 days after the Phase II review is completed, applicants will be notified electronically if their application does not meet eligibility or published submission requirements.

i. Approach

Maximum Points: 40

- Does the applicant have the experience and ability to coordinate and collaborate with the Ministries of Health, CDC and other organizations working in the area? To what extent does the applicant propose to work with other organizations?
- Does the application include an overall strategy, including measurable timelines, clear monitoring and evaluation procedures, and specific activities for meeting the proposed outcomes?
- Does the applicant describe activities that are evidence-based, realistic, achievable, measurable and culturally appropriate to achieve the goals of the FOA?
- Does the application include reasonable estimates of activity outputs? (For example, the numbers of sites to be supported, number of clients the program will reach.)
- Does the applicant demonstrate a clear and concise understanding of the current public health problem and the cultural and political context relevant to the programmatic areas targeted?
- Does the applicant propose to fill a gap related to a current infectious disease outbreak or other ongoing PHEIC?

ii. Evaluation and Performance Measurement

Maximum Points: 25

- Does the applicant demonstrate the local experience and capability to implement performance monitoring and rigorous evaluation of the project?
- Does the evaluation and performance measurement plan appropriately address the components specified in this announcement (i.e. key evaluation questions, types of evaluations to be conducted, performance measures (i.e., indicators), specifically, how often performance measures must be reported, how evaluation and performance measurement will track how target populations are affected by FOA strategies, how evaluation findings and performance measures will be used and yield findings to demonstrate the value of the FOA, and how results will be disseminated).
- Does the applicant describe a performance monitoring system used to routinely review data and adjust program activities accordingly? Are there performance measures (i.e. indicators) developed for each program milestone, and incorporated into the financial and programmatic reports?
- Does the applicant describe an adequate and measurable plan to progressively strengthen the capacity of local organizations and target beneficiaries to respond to the public health problem?

iii. Applicant's Organizational Capacity to Implement the Approach

Maximum Points: 35

- Does the applicant demonstrate the local experience and institutional capacity (both management and technical) to achieve the goals of the FOA with documented good governance practices?
- Does the applicant provide a clear plan for the administration and management of the proposed activities, and to manage the resources of the program, prepare reports, monitor and evaluate activities, audit expenditures and produce collect and analyze performance data?
- Is the management structure for the project sufficient to ensure fiscal responsibility and speedy implementation of the project? Are staff roles clearly defined and qualified to perform the tasks described? Will the staff be sufficient to meet the goals of the proposed project and, as appropriate, fluent in local languages? Are CVs/resumes or organizational charts included?
- Does the applicant have a proven history of building the capacity of indigenous organizations and individuals? Does the capacity building plan clearly describe how it will contribute to (if not a local indigenous organization) an evolving role of the prime beneficiary with transfer of critical technical and management competence to local organizations/sites in support of a decentralized response?
- Where applicable, does the applicant have the capacity to reach rural and other underserved populations or target audiences outside the reach of the traditional media, and in local languages?
- If not a local indigenous organization, does the applicant articulate a clear exit strategy which will maximize the sustainability of project results in the intervention communities?

Budget (Reviewed Not Scored)

Maximum Points: 0

When scoring budgets, CDC programs must assess whether the budget aligns with the proposed work plan. For additional guidance, check with the CIO extramural program office, GMO, or GMS.

- Is the itemized budget for conducting the project, along with justification, reasonable and consistent with stated objectives and planned program activities?
- Is the budget itemized, well justified and consistent with the goals of the program?
- If applicable, are there reasonable costs per client reached for both year one and later years of the project?

c. Phase III Review

Applications will be funded in order by score and rank determined by the review panel unless funding preferences or other considerations stated in this FOA apply. Final selection and approval of activities will be prioritized in collaboration with CDC.

In addition, the following factors may affect the funding decision:

Funding for this award is subject to change based on CDC budgets, priorities and emerging public health issues and outbreaks. Technical areas and activities approved for funding will be based on USG GHS priorities. Projects may be funded out of rank order due to USG GHS priorities and to avoid duplication of GHS activities in other CDC funding mechanisms.

Applicants cannot apply if awarded under CDC-RFA-GH15-1621 for similar activities; however, awardees may apply to expand efforts in additional countries. Special funding consideration given to the countries listed as the GHSA Phase One countries (Bangladesh, Burkina Faso, Cameroon, Cote d'Ivoire, Ethiopia, Guinea, India, Indonesia, Liberia, Kenya, Mali, Senegal, Sierra Leone, Tanzania, Uganda and Vietnam). These Phase One countries are an initial set of countries where there is an ability to work reasonably quickly to achieve the 12 GHSA targets utilizing resources that advance GHSA under the Ebola Emergency Funding included in the FY 2015 Consolidated Appropriations Act. This FOA will also support African countries that remain at high risk for Ebola (Benin, Democratic Republic of Congo, Gambia, Ghana, Guinea Bissau, Mauritania, Nigeria, and Togo).

CDC will provide justification for any decision to fund out of rank order.

2. Anticipated Announcement and Award Dates

The applicant will receive an official notice of grant award (NOA) which will include the financial details and the reporting requirements. The expected award date is August 1, 2015.

F. Award Administration Information

1. Award Notices

Awardees will receive an electronic copy of the Notice of Award (NoA) from the CDC PGO. The NoA shall be the only binding, authorizing document between the awardee and CDC. The NoA will be signed by an authorized GMO and emailed to the awardee program director.

Any application awarded in response to this FOA will be subject to the DUNS, SAM Registration and Federal Funding Accountability And Transparency Act Of 2006 (FFATA) requirements.

Unsuccessful applicants will receive notification of the results of the application review by email with delivery receipt or by mail.

2. Administrative and National Policy Requirements

Awardees must comply with the administration requirements outline in 45 Code of Federal Regulations (CFR) Part 74 or Part 92, as appropriate. To view brief descriptions of relevant provisions visit the CDC website at: <http://www.cdc.gov/grants/additionalrequirements/index.html>

The following administrative requirements apply to this project:

- AR-8: Public Health System Reporting (Community-based non-governmental organizations)
- AR-9: Paperwork Reduction Act, Public Law 104-13
- AR-10: Smoke-Free Workplace
- AR-11: Healthy People 2020
- AR-12: Lobbying Restrictions
- AR-14: Accounting System Requirements
- AR-15: Proof of Non-profit Status (Non-profit organizations)
- AR-16: Security Clearance Requirement
- AR-20: Conference Support
- AR-23: Compliance with 45 C.F.R. Part 87 (Faith-based organizations)
- AR-24: Health Insurance Portability and Accountability Act
- AR-25: Release and Sharing of Data
- AR-27: Conference Disclaimer and Use of Logos
- AR-29: Compliance with EO13513, “Federal Leadership on Reducing Text Messaging while Driving,” October 1, 2009
- AR-30: Compliance with Section 508 of the Rehabilitation Act of 1973, 29 U.S.C. § 794d
- AR-33: Plain Writing Act of 2010, Public Law 111-274
- AR-34: Patient Protection and Affordable Care Act, Public Law 111-148 (e.g. a tobacco-free campus policy and a lactation policy consistent with S4207)

Pilot Program for Enhancement of Employee Whistleblower Protections: All applicants will have a condition of award that applies to 48 CFR section 3.908 requiring grantees to inform their employees in writing of employee whistleblower rights and protections under 41. U.S.C 4712 in the predominant native language of the workforce. If applicable, award recipients will be required to submit an electronic version of the final, peer-reviewed manuscript of any work developed under this award upon acceptance for publication. Additional information will be provided in the award terms. For more information on the Code of Federal Regulations, visit the National Archives and Records Administration at:

<http://www.access.gpo.gov/nara/cfr/cfr-table-search.html>

3. Reporting

a. CDC Reporting Requirements

Reporting allows for continuous program monitoring and identifies successes and challenges that awardees encounter throughout the project period. Also, reporting is a requirement for awardees who want to apply for yearly continuation of funding. Reporting helps CDC and awardees because it:

- Helps target support to applicants, particularly for cooperative agreements;
- Provides CDC with periodic data to monitor awardee progress towards meeting the FOA outcomes and overall performance;
- Allows CDC to track performance measures and evaluation findings for continuous program improvement throughout the project period and to determine applicability of evidence-based approaches to different populations, settings, and contexts; and
- Enables the assessment of the overall effectiveness and impact of the FOA.

As described in the following text, awardees must submit an annual performance report, ongoing performance measures data, administrative reports, and a final performance and financial report. A detailed explanation of any additional reporting requirements will be provided in the Notice of Award to successful applicants.

b. Specific Reporting Requirements

i. Awardee Evaluation and Performance Measurement Plan

Awardees must provide a more detailed evaluation and performance measurement plan within the first six months of the project. This more detailed plan should be developed by awardees as part of first-year project activities, with support from CDC. This more detailed plan should build on the elements stated in the initial plan, and should be no more than 25 pages. At a minimum, and in addition to the elements of the initial plan, this plan must:

- Indicate the frequency that evaluation and performance data are to be collected.
- Describe how data will be reported.
- Describe how evaluation findings will be used to ensure continuous quality and program improvement.
- Describe how evaluation and performance measurement will yield findings that will demonstrate the value of the FOA (e.g., effect on improving public health outcomes, effectiveness of FOA as it pertains to performance measurement, cost-effectiveness, or cost-benefit).
- Describe dissemination channels and audiences (including public dissemination).
- Describe other information requested and as determined by the CDC program.

When developing evaluation and performance measurement plans, applicants are encouraged to use the Introduction to Program Evaluation for Public Health Programs: A Self-Study Guide, available at:

<http://www.cdc.gov/eval/guide/index.htm>

ii. Annual Performance Report

This report must not exceed 45 pages excluding administrative reporting; attachments are not allowed, but web links are allowed. The awardee must submit the Annual Performance Report via www.grants.gov 120 days before the end of the budget period. In addition, the awardee must submit an annual Federal Financial Report within 90 days after the end of the calendar quarter in which the budget year ends.

This report must include the following:

- **Performance Measures (including outcomes)** – Awardees must report on performance measures for each budget period and update measures, if needed.
- **Evaluation Results** – Awardees must report evaluation results for the work completed to date (including any impact data).
- **Work Plan (maximum of 25 pages)** – Awardees must update work plan each budget period.
- **Successes**
 - Awardees must report progress on completing activities outlined in the work plan
 - Awardees must describe any additional successes (e.g., identified through evaluation results or lessons learned) achieved in the past year
 - Awardees must describe success stories
- **Challenges**
 - Awardees should describe any challenges that hinder achievement of both annual and project period outcomes, performance measures, or their ability to complete the activities in the work plan
 - Awardees must describe any additional challenges (e.g., identified through evaluation results or lessons learned) encountered in the past year
- **CDC Program Support to Awardees**
 - Awardees describe how CDC could assist them in overcoming the challenges to achieve both annual and project period outcomes and performance measures, and complete activities outlined in the work plan

- **Administrative Reporting** (not subject to page limits)

- SF-424A Budget Information-Non-Construction Programs
- Budget Narrative – Must use the format outlined in Section D. Content and Form of Application Submission, Budget Narrative Section
- Indirect Cost Rate Agreement

The deadline date for submitting the Annual Performance Report is 120 days before the end of the budget period. Send an electronic copy to CDC Project Officer (PO) with attention to the GMS and PO. The contact information for the GMS and PO is listed in the “Agency Contacts” section of the FOA

For year 2 and beyond of the award awardees may request up to 75% of their estimated unobligated funds to be carried forward into the next budget period.

The carryover request must:

- Express a bona fide need for permission to use an unobligated balance
- Include a signed, dated, and accurate FFR for the budget period from which the fund will be transferred (can request up to 75% unobligated balances)
- Include a list of proposed activities, an itemized budget, and a narrative justification of those activities

iii. Performance Measure Reporting

CDC programs must require awardees to submit performance measures annually at a minimum, and may require reporting more frequently. Performance measure reporting should be limited to the collection of data. When funding is awarded initially, CDC programs should specify reporting frequency, required data fields, and format.

iv. Federal Financial Reporting

The annual FFR form (SF-425) is required and must be submitted through eRA Commons within 90 days after the end of the calendar quarter in which the budget year ends. The report should include only those funds authorized and disbursed during the timeframe covered by the report. The final report must indicate the exact balance of unobligated funds, and may not reflect any unliquidated obligations. The final FFR expenditure data and the Payment Management System’s (PMS) cash transaction data must correspond; no discrepancies between the data sets are permitted. Failure to submit the required information by the due date may affect adversely the future funding of the project. If the information cannot be provided by the due date, awardees are required to submit a letter of explanation and include the date by which the information will be provided.

v. Final Performance and Financial Report

At the end of the project period, awardees must submit a final report to include a final financial and performance report. This report is due 90 days after the end of the project period.

At a minimum, this report must include the following:

- Performance Measures (including outcomes) – Applicants must report final performance data for all performance measures for the project period.
- Evaluation results – Applicants must report final evaluation results for the project period
- Impact of Results – Applicants must describe the effects or results of the work completed over the project period, including success stories.
- Additional forms as described in the Notice of Award, including Equipment Inventory Report and Final Invention Statement.
- FFR (SF-425)

The final report should be no more than 40 pages. Awardees should e-mail the report to the CDC PO and the GMS listed in the “Agency Contacts” section of the FOA.

Awardees should e-mail the report to the CDC PO and the GMS listed in the “Agency Contacts” section of the FOA.

4. Federal Funding Accountability and Transparency Act of 2006

Federal Funding Accountability And Transparency Act Of 2006 (FFATA), Public Law 109-282, the Federal Funding Accountability and Transparency Act of 2006 as amended (FFATA), requires full disclosure of all entities and organizations receiving Federal funds including awards, contracts, loans, other assistance, and payments through a single publicly accessible Web site, www.USASpending.gov.

Compliance with this law is primarily the responsibility of the Federal agency. However, two elements of the law require information to be collected and reported by applicants: 1) information on executive compensation when not already reported through the SAM, and 2) similar information on all sub-awards / subcontracts / consortiums over \$25,000.

For the full text of the requirements under the FFATA and HHS guidelines, go to:

- http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=109_cong_bills&docid=f:s2590enr.txt.pdf
- https://www.frsr.s.gov/documents/ffata_legislation_110_252.pdf
- http://www.hhs.gov/asfr/ogapa/aboutog/Grants%20Management%20Information/ffata_guidelines.html

G. Agency Contacts

CDC encourages inquiries concerning this FOA.

Program Office Contact

For programmatic technical assistance, contact:

Herbert Kimble, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
Center for Global Health
1600 Clifton Road
MS A-05
Atlanta, GA 30329
Phone: (404) 639-5390
Email: cwz2@cdc.gov

Grants Staff Contact

For financial, awards management, or budget assistance, contact:

Lakita Reid, Grants Management Specialist
Department of Health and Human Services
Centers for Disease Control and Prevention
Center for Global Health
2920 Brandywine Road
MS K75

Atlanta, GA 30341
Phone: (770) 488-2742
Email: wlt9@cdc.gov

For assistance with **submission difficulties related to www.grants.gov**, contact:

www.grants.gov Contact Center: 1-800-518-4726.

Hours of Operation: 24 hours a day, 7 days a week. Closed on Federal holidays.

For all other **submission** questions, contact:

Technical Information Management Section
Department of Health and Human Services
CDC Procurement and Grants Office
2920 Brandywine Road, MS E-14
Atlanta, GA 30341
Telephone: 770-488-2700
Email: pgotim@cdc.gov

CDC Telecommunications for individuals with hearing loss is available at: TTY 1.888.232.6348.

H. Other Information

Following is a list of acceptable attachments that applicants can upload as PDF files part of their application at www.grants.gov. Applicants may not attach documents other than those listed; if other documents are attached, applications will not be reviewed.

- Project Abstract
- Project Narrative
- Budget Narrative
- CDC Assurances and Certifications
- Work Plan
- Table of Contents for Entire Submission

- Organizational Charts
- Resumes/CVs (PI and Business Official)
- Non-profit organization IRS status forms, if applicable
- Indirect cost rate, if applicable
- Bona Fide Agent status documentation, if applicable

Updated text

The following optional attachments, may be included in your application:

- MOU/MOAs for stated collaborations with other organizations and sub-awardees
- Letters of support from Ministries of Health, other Ministries in-country, or other collaborating partners

Previous text

The following optional attachments, may be included in your application:

- Letters of support from Ministries of Health

I. Glossary

Administrative and National Policy Requirements, Additional Requirements (ARs): The Administrative requirements found in 45 CFR Part 74 and Part 92 and other requirements as mandated by statute or CDC policy. CDC programs must indicate which ARs are relevant to the FOA. All ARs are listed in the template for CDC programs. Awardees must then comply with the ARs listed in the FOA. To view brief descriptions of relevant provisions visit the CDC website at: http://www.cdc.gov/grants/additional_requirements/index.html

Authority: Legal authorizations that outline the legal basis for the components of each individual FOA. An Office of Global Council (OGC) representative may assist in choosing the authorities appropriate to any given program.

Award: Financial assistance that provides support or stimulation to accomplish a public purpose. Awards include grants and other agreements (e.g., cooperative agreements) in the form of money, or property in lieu of money, by the Federal Government to an eligible recipient.

Budget Period/Year: the duration of each individual funding period within the project period. Traditionally, budget period length is 12 months or 1 year.

Carryover: Unobligated Federal funds remaining at the end of any budget period that, with the approval of the GMO or under an automatic authority, may be carried forward to another budget period to cover allowable costs of that budget period (whether as an offset or additional authorization). Obligated, but unliquidated, funds are not considered carryover.

Catalog of Federal Domestic Assistance (CFDA): A catalog published twice a year which describes domestic assistance programs administered by the federal government. This government-wide compendium of Federal programs lists projects, services, and activities which provide assistance or benefits to the American public. <https://www.cfda.gov/index?s=agency&mode=form&id=0beb3b3261e255dc82002b83094717&tab=programs&tabmode=list&subtab=list&subtabmode=list>.

CDC Assurances and Certifications: Standard government-wide grant application forms.

CFDA Number: The CFDA number is a unique number assigned to each program/FOA throughout its lifecycle that enables data and funding tracking and transparency.

Competing Continuation Award: An award of financial assistance which adds funds to a grant and extends one or more budget periods beyond the currently established project period.

Continuous Quality Improvement: A system that seeks to improve the provision of services with an emphasis on future results.

Contracts: An award instrument establishing a binding legal procurement relationship between CDC and a recipient obligating the latter to furnish a product.

Cooperative Agreement: An award of financial assistance that is used to enter into the same kind of relationship as a grant; and is distinguished from a grant in that it provides for substantial involvement between the Federal agency and the awardee in carrying out the activity contemplated by the award.

Cost Sharing or Matching: Refers to program costs not borne by the Federal government but required of awardees. It may include the value of allowable third-party in-kind contributions, as well as expenditures by the awardee.

Direct Assistance: assistance given to an applicant such as federal personnel or supplies. See http://www.cdc.gov/stlpublichealth/GrantsFunding/direct_assistance.html.

Federal Funding Accountability And Transparency Act Of 2006 (FFATA): Requires information on Federal awards, including awards, contracts, loans, and other assistance and payments, be made available to the public on a single website, www.USAspending.gov.

Fiscal Year: The year that budget dollars are allocated to fund program activities. The fiscal year starts October 1st and goes through September 30th.

Grant: A legal instrument used by the Federal government to enter into a relationship, the principal purpose of which is to transfer anything of value to a recipient to carry out a public purpose of support or stimulation authorized by statute. The financial assistance may be in the form of money, or property in lieu of money. The term does not include: a Federal procurement subject to the Federal Acquisition Regulation; technical assistance (which provides services instead of money); or assistance in the form of revenue sharing, loans, loan guarantees, interest subsidies, insurance, or direct payments of any kind to individuals. The main difference between a grant and a cooperative agreement is that there is no anticipated substantial programmatic involvement by the Federal Government under an award.

Grants.gov: A "storefront" web portal for use in electronic collection of data (forms and reports) for Federal grant-making agencies through the www.grants.gov site, www.grants.gov.

Health Disparities: are differences in health outcomes and their determinants between segments of the population, as defined by social, demographic, environmental, and geographic attributes.

Healthy People 2020: Provides national health objectives for improving the health of all Americans by encouraging collaborations across sectors, guiding individuals toward making informed health decisions, and measuring the impact of prevention activities.

Inclusion: Inclusion refers to both the meaningful involvement of community members in all stages of the program process, and maximum involvement of the target population in the benefits of the intervention. An inclusive process assures that the views, perspectives, and needs of affected communities, care providers, and key partners are actively included.

Indirect Costs: Those costs that are incurred for common or joint objectives and therefore cannot be identified readily and specifically with a particular sponsored project, program, or activity but are nevertheless necessary to the operations of the organization. For example, the costs of operating and maintaining facilities, depreciation, and administrative salaries are generally treated as indirect costs.

International public health work: For purposes of this template, is defined as work conducted internationally for the benefit of a foreign entity or jurisdiction.

Lobbying: Direct lobbying includes any attempt to influence legislation, appropriations, regulations, administrative actions or Executive Orders (“legislation or other orders”), or other similar deliberations at all levels of government through communications that directly express a view on proposed or pending legislation or other orders and which are directed to members of staff, or other employees of a legislative body or to government officials or employees who participate in the formulation of legislation or other orders. Grass Roots lobbying includes efforts directed at inducing or encouraging members of the public to contact their elected representatives at the Federal, State or local levels to urge support of, or opposition to, proposed or pending legislative proposals.

Maintenance of Effort: A requirement contained in authorizing legislation, regulation stating that to receive Federal grant funds a recipient must agree to contribute and maintain a specified level of financial effort for the award from its own resources or other non-Federal sources. This requirement is typically given in terms of meeting a previous base-year dollar amount.

Memorandum of Understanding (MOU) / Memorandum of Agreement (MOA): is a document describing a bilateral or multilateral agreement between parties. It expresses a convergence of will between the parties, indicating an intended common line of action. It is often used in cases where parties either do not imply a legal commitment or in situations where the parties cannot create a legally enforceable agreement.

New FOA: Any FOA that is not a continuation or supplemental award.

Non-Governmental Organization: A non-governmental organization (NGO) is any non-profit, voluntary citizens' group which is organized on a local, national or international level.

Notice of Award: The only binding, authorizing document between the recipient and CDC confirming issue of award funding. The NoA will be signed by an authorized Grants Management Officer, and provided to the recipient fiscal officer identified in the application.

Objective Review: A process that involves the thorough and consistent examination of applications based on an unbiased evaluation of scientific or technical merit or other relevant aspects of the proposal. The review is intended to provide advice to the individuals responsible for making award decisions.

OGC: Office of the General Counsel (OGC) is the legal team for the Department of Health and Human Services (HHS), providing representation and legal advice on a wide range of national issues. OGC supports the development and implementation of HHS's programs by providing legal services to the Secretary of HHS

and the organization's various agencies and divisions.

Outcome: The observable benefits or changes for populations and/or public health capabilities that will result from a particular program strategy.

Performance Measures: Performance measurement is the ongoing monitoring and reporting of program accomplishments, particularly progress toward pre-established goals. It is typically conducted by program or agency management. Performance measures may address the type or level of program activities conducted (process), the direct products and services delivered by a program (outputs), or the results of those products and services (outcomes). A “program” may be any activity, project, function, or policy that has an identifiable purpose or set of objectives.

Plain Writing Act of 2010: The Plain Writing Act requires federal agencies to communicate with the public in plain language to make information and communication more accessible and understandable by intended users, especially people with limited health literacy skills or limited English proficiency.

www.plainlanguage.gov

Procurement and Grants Office (PGO): PGO is the only entity within CDC which can obligate federal funds. PGO provides non-programmatic management for all CDC financial assistance activities (grants and cooperative agreements) and manages and awards all CDC contracts.

Program Strategies: Public health interventions or public health capabilities.

Program Official: The person responsible for developing the FOA – whether a project officer, program manager, branch chief, division leadership, policy official, center leadership, or similar staff member.

Project Period Outcome: An outcome that will result by the end of the FOA period of funding.

SAM: The System for Award Management (SAM) is the primary vendor database for the U.S. Federal Government. SAM validates applicant information and electronically shares the secure and encrypted data with the Federal agencies' finance offices to facilitate paperless payments through Electronic Funds Transfer (EFT). The SAM stores organizational information, allowing www.grants.gov to verify your identity and to pre-fill organizational information on grant applications.

Statute: An act of a legislature that declares, proscribes, or commands something; a specific law, expressed in writing. A statute is a written law passed by a legislature on the state or federal level. Statutes set forth general propositions of law that courts apply to specific situations.

Statutory Authority: A legal statute that provides the authority to establish a Federal financial assistance program or award.

Technical Assistance: The providing of advice, assistance, and training pertaining to the development,

implementation, maintenance, and/or evaluation of programs.

Work Plan: The summary of annual strategies and activities, personnel and/or partners who will complete them, and the timeline for completion. The work plan will outline the details of all necessary activities that will be supported through the approved budget.

- List of Acronyms

AMP	Assessment, Migration and Performance	
AMR	Antimicrobial Resistance	
AST	Antimicrobial Susceptibility Testing	
BHS	Border Health Security	
CDC	U.S. Centers for Disease Control and Prevention	
CGH	Center for Global Health	
CIO	CDC Center, Institute, and Offices	
CLSI	Clinical Laboratory Standards Institute	
CoAg	Cooperative Agreement	
CSELS	Center for Surveillance, Epidemiology and Laboratory Services	
CSTE	Council of State and Territorial Epidemiologists	
CTU	Care and Treatment Units	
DARRT	Detecting and Responding to Respiratory Disease Threats	
DGHP	Division of Global Health Protection	
DOD	U.S. Department of Defense	
DOD CBEP	U.S. Department of Defense Cooperative Biological Engagement Program	
DoS	U.S. Department of State	
DoS BEP	U.S. Department of State Biosecurity Engagement Program	
DTRA	U.S. Defense Threat Reduction Agency	
EBS	Event-based Surveillance	
EM	Emergency Management	
EMPHNET	Eastern Mediterranean Public Health Network	
EMR	Electronic Medical Records	

EMRO	Regional Office for Eastern Mediterranean WHO
EOC	Emergency Operations Center
EPI	Expanded Programme on Immunization
EPT	Emerging Pandemic Threats
EQA	External Quality Assessment
ESC	Executive Steering Committee
EUCAST	European Committee on Antimicrobial Susceptibility Testing
EVD	Ebola Viral Disease
FAO	Food and Agriculture Organization of the United Nations
FETP	Field Epidemiology Training Program
FOSS	Free and Open-Source Software
FY	Fiscal Year
GDD	Global Disease Detection
GHS	Global Health Security
GHSA	Global Health Security Agenda
GHSB	Global Health Security Branch
GHS-IS	Global Health Security Information Systems
GISRS	Global Influenza Surveillance and Response System
GOARN	Global Outbreak Alert and Response Network
GPHIN	Global Public Health Intelligence Network
GMO/GMS	Grants Management Officer/Specialist
HAI	Healthcare Associated Infection
HIS	Health Information Systems
HIV	Human Immunodeficiency Virus
HMN	Health Metrics Network
IAG	Implementation Advisory Group
IAEA	International Atomic Energy Agency

IATA	International Air Transport Association
IANPHI	International Association of Public Health Institutes
IBS	Indicator-based Surveillance
ICAO	International Civil Aviation Organization
ICT	Information and Communication Technology
IDP	Internally Displaced Person
IDSR	Integrated Disease Surveillance and Response
IHR	International Health Regulations
INFOSAN	International Food Safety Authorities Network
IOM	International Organization for Migration
IPC	Infection Prevention and Control
IQC	Internal Quality Control
IS	Information Systems
IT	Information Technology
ITU	International Telecommunication Union
LES	Locally Employed Staff
LIMS	Laboratory Information Management System
M&E	Monitoring and Evaluation
MBDS	Mekong Basin Disease Surveillance Network
MedISys	Medical Information System
MERS-CoV	Middle East respiratory syndrome coronavirus
MoH	Ministry of Health
MVP	Meningitis Vaccine Project
NaTHNaC	National Travel Health Network and Centre
NCEZID	National Center for Emerging and Zoonotic Infectious Diseases
NCHHSTP	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
NCIRD	National Center for Immunization & Respiratory Diseases

NGO	Non-Governmental Organization
NICs	National Influenza Centers
NPHI	National Public Health Institute
NPHL	National Public Health Laboratory
OIE	World Organization for Animal Health
ONDIEH	Office of Noncommunicable Diseases, Injury, and Environmental Health
OPHPR	Office of Public Health Preparedness and Response
PHEIC	Public Health Emergency of International Concern
PHEM	Public Health Emergency Management
POC	Point-of-Care
POE	Points of Entry/Exit
PON	Point-of-Need
PGO	Procurement & Grants Office of CDC
PPE	Personal Protective Equipment
PPHSN	Pacific Public Health Surveillance Network
ProMED	Program for Monitoring Emerging Diseases
PULS	Pattern-based Understanding and Learning System
PVS	Performance of Veterinary Services
QA	Quality Assurance
QSP	Quarterly Spend Plan
RA	Resident Advisor
RSOE EDIS	Hungarian National Association of Radio Distress-Signaling and Infocommunications Emergency and Disaster Information Service
SARS	Severe Acute Respiratory Syndrome
SEARO	Regional Office for South-East Asia
SIA	Supplemental Immunization Activity
SMART	Specific, Measurable, Achievable, Realistic and Time-bound
SME	Subject Matter Expert
SMS	Short Message Service

SOP	Standard Operating Procedure
TAL	Technical Area Lead
TST	Technical Support Team
TEPHINET	Training Programs in Epidemiology and Public Health Interventions Network
TDY	Temporary Duty
UNICEF	United Nations Children's Fund
USAID	U.S. Agency for International Development
USG	United States Government
VPD	Vaccine-Preventable Disease
VTC	Video Teleconference
WHA	World Health Assembly
WHO	World Health Organization
WHO-AFRO	World Health Organization Regional Office for Africa
WHO CC	World Health Organization Collaborating Center
WPRO	Regional Office for Western Pacific

Amendment 2:

- The purpose of this amendment is to remove the ceiling amount listed in the FOA and to extend the Application due date to 6/12/2015. Note - although the ceiling has been removed, the proposed work plan and budget should align with the proposed activities in the application(s) submitted.
- The purpose of this amendment is also to provide a revised response to Question #14 listed in Amendment 1.
 - The Revised Answer to Question #14 is: Yes, please refer to page 40 of the FOA, Project Narrative and page 42, Application Evaluation and Performance Measurement Plan.

Amendment 1: Questions and answers received in response to CDC-RFA-GH15-1632 (below). Updated sections for the amendment have been made in Red throughout the FOA.

1. Statement on Partner Networks

Q: Must respondents meet ALL criteria in section "2. Special Eligibility Requirements" listed on page 39? Would a respondent with an established partner network and in-country presence in many (but not all) GHSA Phase I and Ebola high-risk countries that does not generally work in "emergency situations" but possesses the capabilities to do so be eligible to respond?

A: As stated the Purpose section of the FOA, the main intent is to build capacity to prevent, detect, and respond to, and control infectious disease outbreaks. Applicants must have expertise in the country or countries included in their application. See C. Eligibility Information, 4. Other for information regarding expectations for the partner networks.

2. Applications from a consortium

Q: Can an organization submit an application as part of a consortium?

A: There are no restrictions in the FOA in the eligibility section that prohibits consortium submissions. Applicants must address the requirements of the FOA. Applications will be evaluated using the criteria outlined in the FOA.

3. Statement on Funding

Q: Could you please clarify the amount that grantees can apply for. The average amount is listed as \$1,000,000 however there is a range of \$300,000 to \$10,000,000 with a ceiling of \$50,000,000. Please advise the maximum amount a grantee may apply.

A: The maximum award ceiling for an application is \$10,000,000. Applications will be funded from \$300,000 to \$10,000,000 per budget period. CDC does not anticipate any project in any individual country to be above \$2,000,000 per budget period.

4. Statement on 1 application per organization

Q: Is it your expectation that we submit a separate proposal for each country that we are interested in supporting or can we submit one proposal with several countries?

A: Applicants may submit multiple applications or one application with budgets separated by country. At minimum, the budgets must be separated by country. Applicants must clearly delineate a budget and work plan by component for each country that they plan to work in.

5. Statement on required documents

Q: On page 41, under the section "Collaborations", it is stated that applicants must provide MOUs/MOAs. Could you please clarify if this is a requirement, and if so- does this apply to collaborations with the WHO as well?

A: MOU/MOAs and/or letters of support may be included as optional attachments in your application. Please see H: Other Information on page 52.

6.

Q. There are two separate but similar FOAs. How do we know which one to submit our application for GH15-1632 or GH15-1627?

A. Please review the eligibility criteria for each FOA. The entity type of the applicant will determine which FOA they may apply for. Grantee must select an entity type when registering in SAM. This will be used to identify which application the grantee can apply.

7.

Q. I would like to submit my application via email directly to CDC or via a hardcopy submission. Is this allowable?

A. All applications should be submitted through grants.gov. Any hardcopy applications to be submitted must receive prior approval from the GMO (coordinating with the Program Office) prior to acceptance by Procurement and Grants Office (PGO) Technical Information Management Section (TIMS). In order for acceptance to be considered, any proposed applicant must document via helpdesk tickets their failed attempts and inability to submit via grants.gov. Any applications that are not submitted through grants.gov will be rejected unless prior approval was granted in writing by PGO. If grantee is having trouble submitting through grants.gov, they should contact PGOTIM via the contact information listed on page 52 immediately

8.

Q. What if I do not have any lobbying activities, do I still need to complete the form?

A. Yes, the required documents should be completed. If there are no lobbying activities, you should still complete the form and just indicate "none" in the section where it asks to specify them. Please review the certifications in the application package.

9.

Q. How do I know if I am eligible to receive indirect costs?

A. Foreign organizations are not allowed indirect costs unless they meet the exception below. If an organization is requesting indirect cost, they must be able to provide a Negotiated Indirect Cost Rate Agreement (NICRA) with a cognizant agency.

Indirect costs will be reimbursed on any HHS grant if the recipient has submitted the necessary documentation related to the period for which the indirect costs will be provided with the following exceptions: Grants to international or foreign organizations if the grant is performed entirely outside the territorial limits of the United States (indirect costs may be paid to the American University, Beirut, which is not considered a foreign organization, and the World Health Organization);

10.

Q. Where can I find the "Global Health Security Agenda Pilot Assessment Tool?

A. Please contact Herbert Kimble, the project officer using the contact information listed on page 51 of the FOA.

11.

Q. Where can I find the "CDC Ebola Preparedness and Response Roadmap?

A. Please contact Herbert Kimble, the project officer using the contact information listed on page 51 of the FOA.

12.

Q. Where can I find information all information on this award including the full announcement?

A. All information relating to this and all other USG awards can be found at

www.grants.gov.

13.

Q. Applicant was awarded under GH15-1621 for same or similar activities, can we still apply for GH15-1632?

A. Applicants cannot be funded for 2 different CoAgs to do same work in the same country; however, applications can be funded to do the same or similar work in different countries.

14.

Q. Is the Applicant Evaluation and Performance Measurement Plan described on page 41/Section c, part of the Project Narrative? If so, does the Plan count towards the 18-page limit?

A. No, please see page 49, i. Awardee Evaluation and Performance Measurement Plan.

15.

Q. May we propose activities other than what is included in the FOA?

A. Applicants must address the criteria in the FOA. Applications will be evaluated based on the criteria outlined in the FOA.

Updated Sections for Amendment:

1) Pg. 41: 1. Collaborations

Updated text

As an optional document, applicants may provide MOUs/MOAs and name the file "MOUs/MOAs" and upload as PDF files at

www.grants.gov.

As an optional document, applicants may file letters of support, as appropriate, name the file "Letters of Support", and upload it as a PDF file at

www.grants.gov.

Previous text

Applicants must provide MOUs/MOAs and name the file "MOUs/MOAs" and upload as PDF files at

www.grants.gov. Applicants must file letters of support, as appropriate, name the file "Letters of Support", and upload it as a PDF file at www.grants.gov.

2) Pg. 32: d. Work Plan

Updated text

Applicants must provide a work plan for every country requested for funding.

3) Pg. 34-35: B. Award Information

Updated text

7. Expected Number of Awards: 100

*Note - The expected range for an award will vary by the amount of strategies and countries the partner is working with. It is anticipated that the average range for an award would vary between \$300,000 to \$10,000,000.

8. Approximate Average Award: between \$300,000 to \$10,000,000 Per Budget Period

9. Award Ceiling: \$10,000,000 Per Budget Period

Previous text

7. Expected Number of Awards: 100

*Note - Although the Approximate Average Award (#8 below) is listed as \$1,000,000, the expected range for an award will vary by the amount of strategies and countries the partner is working with. It is anticipated that the average range for an award would vary between \$300,000 to \$10,000,000.

8. Approximate Average Award: \$1,000,000 Per Budget Period

9. Award Ceiling: \$50,000,000 Per Budget Period

4) Pg. 36-37: 2. Special Eligibility Requirements

Updated text

In response to this public health emergency, CDC is requesting that competition be limited to partners, including nongovernmental organizations, faith-based organizations, community based organizations,

for-profit entities and universities who have (1) an established partner network for Ebola affected, GHSA Phase I or Ebola high-risk countries **requested in your application** and (2) have an existing in-country presence or an established track record of working in the region.

Previous text

In response to this public health emergency, CDC is requesting that competition be limited to partners, including nongovernmental organizations, faith-based organizations, community based organizations, for-profit entities and universities who have (1) an established partner network for all Ebola affected, GHSA Phase I and Ebola high-risk countries and (2) have an existing in-country presence or an established track record of working in the region and a demonstrated ability to quickly establish a presence in similar emergency situations.

5) Pg. 42-43: Budget Narrative

Updated text

Applicants must provide a budget narrative for every country requested for funding.

6) Pg. 52-53: H. Other Information

Updated text

The following optional attachments, may be included in your application:

- MOU/MOAs for stated collaborations with other organizations and sub-awardees
- Letters of support from Ministries of Health, other Ministries in-country, or other collaborating partners

Previous text

The following optional attachments, may be included in your application:

- Letters of support from Ministries of Health